

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 27 AM 7:41

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000115771

1. Corporation Name

V.I. ELECTRICAL CONTRACTOR INC.

2. Principal Office Address - No P.O. Box #

7091 WEST 30 LANE

3. Mailing Office Address

7091 WEST 30 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FLORIDA

City & State

HIALEAH FLORIDA

Zip

33018

Country

DADE

Zip

33018

Country

DADE

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
26-1293266

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CASTRO VICTOR M

Street Address (P.O. Box Number is Not Acceptable)

7091 WEST 30 LANE

Suite, Apt. #, Etc.

City
HIALEAH

State
FL

Zip Code
33018

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 05-05-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	VICTOR M CASTRO	7091 W 30 LN	HIALEAH, FL 33018
			500152411985
			04/24/09--01046--014 **150.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] Victor Castro President

Date

Daytime Phone #

05/18/09