

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P17000036951

1. Corporation Name

POWER & LIGHT ELECTRICAL INCORPORATED

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

4435 Lords Drive

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34231

Country

USA

3. Mailing Office Address

4435 Lords Drive

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34231

Country

USA

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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08/09/24--01019--001 **600.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2017

5. FEI Number

82-2167719

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

Giulia Hill

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

4435 Lords Drive

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34231

REINSTATEMENT

2024

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

Giulia Hill

REGISTERED AGENT MUST SIGN

Date

8-6-24

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
P	Giulia Hill	4435 Lords Drive	Sarasota, FL 34231
VP	Paul Hill	4435 Lords Drive	Sarasota, FL 34231
S/T	Giulia Hill	4435 Lords Drive	Sarasota, FL 34231
DIR	Giulia Hill	4435 Lords Drive	Sarasota, FL 34231
DIR	Paul Hill	4435 Lords Drive	Sarasota, FL 34231

10. E-mail Address: ghill@powerlightelectrical.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

Giulia Hill / Giulia Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-24

224-265-3357

Date

Daytime Phone #