PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS **DOCUMENT#** P35106 98 DEC -8 AM ID: 27 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA MOSES ELECTRIC SERVICE, INC. Principal Place of Business Mailing Address 1207 PIN OAK DRIVE P O BOX 16727 FLOWOOD MS 39208 JACKSON MS 39236-3727 EINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5 FEI Number Applied For City & State City & State 64-0630890 Not Applicable \$8.75 Additional Fee require for a Certificate of Status Zip Zio Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) PD KIMBROUGH, SAM H JR. 1207 PIN OAK DRIVE FLOWOOD MS 39208 STD HUX, WILLIAM A 1207 PIN OAK DRIVE FLOWOOD MS 39208 -008 ****758.75 ****758.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD Suite, Apt. #, Etc. PLANTATION FL 33324 Zio Code City FL ove named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. VICKY GOLDSTEIN Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation dwes or has paid the current year (See other side for information on intangible tax.) No I Intangible Personal Property tax due June 30. Yes i

12. 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 filling 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 under section 119.07(3)(i), F.S. The information indicated

BECTURED: //am Hux 12/3/98 (601)939-9473

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

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