

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 99 NOV 12 PM 1:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P35106**
 1. Corporation Name
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
 US



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		4. Date Incorporated or Qualified To Do Business in Florida 08/13/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 64-0630890	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	KIMBROUGH, SAM H JR.	1207 PIN OAK DRIVE	FLOWOOD MS 39208
STD	HUX, WILLIAM A	1207 PIN OAK DRIVE	FLOWOOD MS 39208
600003052736--4 -11/23/99--01026--020 ****758.75 ****758.75			

REINSTATEMENT 99 ITS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with the provisions of Section 607.0505, F.S.
 Signature of Registered Agent: Barbara A Burke **BARBARA A BURKE** SPECIAL ASSISTANT SECRETARY Date: 11-3-99
 REGISTERED AGENT MUST SIGN

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

SIGNATURE: William Hux **Sec-Treas. William Hux** Date: 11/4/99 Daytime Phone #: (601)939-9473
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATE (6/99)