

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P35106

1. Corporation Name

MOSES ELECTRIC SERVICE, INC.

Principal Place of Business

1207 PIN OAK DRIVE
FLOWOOD MS 39208
US

Mailing Address

P O BOX 16727
JACKSON MS 39236-3727

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1991

5. FEI Number

64-0630890

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 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

Zip Code

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec-Treas. William Hux

Date

11/4/99

Daytime Phone #

(601)939-9473

FILED

99 NOV 12 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/99)