

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN -4 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000009438

1. Corporation Name

OKler Electric Inc,

Principal Place of Business

Mailing Address

482-Gordon Rd.
Naples, FL, 34108

482-Gordon Rd.
Naples, FL, 34108

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

482-Gordon Rd

482-Gordon Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples, FL

Zip

34108

Country

USA

Zip

34108

Country

USA

REINSTATEMENT

97-50

4. Date Incorporated or Qualified
To Do Business in Florida

12/2/92

5. FEI Number

65-0371607

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	WILLIAM G. OKler JR	482-Gordon Rd.	Naples, FL, 34108
VP	Linda K. OKler	482-Gordon Rd.	Naples, FL, 34108

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W49000029162

8. Name and Address of Current Registered Agent

Bill OKler
482-Gordon Rd.
Naples, FL, 34108

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

B. OKler

REGISTERED AGENT MUST SIGN

Date

12/14/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

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 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.

WILLIAM G. OKler JR.

SIGNATURE:

W. OKler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/14/99

Daytime Phone #

941-557-3937

CR2E-181 (12/98)