

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -9 AM 8:00

DOCUMENT # P94000018539

1. Corporation Name

ALL PHASE MARINE ELECTRIC, INC.

2. Principal Office Address

16570 SW 62nd St

Suite, Apt. #, etc.

City & State

Southwest Ranches FL

Zip
33331

Country
USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country
SAME

REINSTATEMENT

03-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

3-10-94

5. FEI Number

65-0472698

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

DANIEL BEFFA

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

16570 SW 62nd St

Suite, Apt. #, Etc.

So

City

Southwest Ranches

State

FL

Zip Code

33331-2000

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3-5-4

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
<u>Pres</u>	<u>DANIEL BEFFA</u>	<u>16570 SW 62nd St</u>	<u>Southwest Ranches FL 33331</u>
<u>VP</u>	<u>Sharon Beffa</u>	<u>16570 SW 62nd St</u>	<u>Southwest Ranches FL 33331</u>

10. 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)(l), 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]

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-4

Date

954-328-9627

Daytime Phone #

CR2ED081 (01/04)