

95-97AR

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P94000041392**
 1. Corporation Name
SLONE ELECTRIC, INC.

97 AUG 20 PM 12:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
915 Riverside Dr., #250
Coral Springs, Fl. 33071

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 8045 Sanibel Dr. <small>Suite, Apt. #, etc.</small>	3. New Mailing Office Address, If Applicable 8045 Sanibel Dr. <small>Suite, Apt. #, etc.</small>	4. Date Incorporated or Qualified To Do Business in Florida May 31, 1994
City & State Tamarac, Fl.	City & State Tamarac, Fl.	5. FEI Number 65-0496721
Zip 33321	Country Broward	Applied For Not Applicable
Zip 33321	Country Broward	6. CERTIFICATE OF STATUS DESIRED <input 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Robie D. Slone	8045 Sanibel Dr.	Tamarac, Fl. 33321
Sec.	Robie D. Slone	8045 Sanibel Dr.	Tamarac, Fl. 33321
Treas.	Robie D. Slone	8045 Sanibel Dr.	Tamarac, Fl. 33321
			300002273919--8 -08/21/97-01087-021 ****565.00 ****565.00

8. Name and Address of Current Registered Agent Robie D. Slone 8045 Sanibel Dr. Tamarac, Fl. 33321	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
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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 Robie D. Slone REGISTERED AGENT MUST SIGN Date AUG. 19, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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.

SIGNATURE: Robie D. Slone SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Robie D. Slone Pres., Sec., Treas. Date AUG. 19, 1997 Daytime Phone #

CRRE040 (12/96)

Slone Electric, Inc.

8/18/97

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Madam/Sir:

I am sending this letter with a reinstatement form. I apologize for not filing my reinstatement forms, I was unaware of this until I spoke with your office. I have moved my office since 1994 and the post office did not forward my mail. I am being charged a penalty by your office, due to the error of the post office. I do not feel I should be responsible for their error. I am asking if it is possible to wave the penalties. I am sending a check for \$565.00, if you could be so kind as to reevaluate my situation it would be greatly appreciated.

Sincerely,



Robie Dean Slone
Slone Electric, Inc.

2062