FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 16 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****900.00 ****900.00

REINSTATEMENT 01-02

DOCUMENT # P94000062502

1. Corporation Name
METRO ELECTRIC SUPPLY, INC.

2. Principal Office Address		3. Mailing Office Address	
725 STEVENS AVENUE		725 STEVENS AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: OLDSMAR, FLORIDA		City & State: OLDSMAR, FLORIDA	
Zip: 34677	Country: USA	Zip: 34677	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/22/1994

5. FEI Number: 59-3263594 ☐ 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: WILLIAM F. RICHARDS. SR.

Street Address (P.O. Box Number Is Not Acceptable): 1005 BALLINGER ROAD

Suite, Apt. #, Etc.:

City: LUTZ State: FL Zip Code: 33549

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: William F. Richards Jr. Date: SEPTEMBER 10, 2002

REGISTERED AGENT MUST SIGN

CR2E051 (8/01)

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
P	WILLIAM F. RICHARDS, JR.	17905 CRAWLEY ROAD	ODESSA, FLORIDA, 33556
	"		

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)(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 F. Richards Jr. PRES. 813-855-7775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gp 9/16/02