

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P95000095369**

1. Corporation Name

**LYMAN ELECTRICAL CONTRACTING INC.**

Principal Place of Business

130 N.W. 20TH STREET  
 BOCA RATON FL 33431  
 US

Mailing Address

130 N.W. 20TH STREET  
 BOCA RATON FL 33431  
 US

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

2. New Principal Office Address, If Applicable  
**130 NW 20th St.**

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida  
**12/14/1995**

City & State  
**Boca Raton Fl.**

City & State

5. FEI Number **65-0635708** Applied For  
 Not Applicable

Zip **33431** Country **USA**

Zip Country

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
P	LYMAN, ROBERT E	130 N.W. 20TH STREET	BOCA RATON FL 33431
			900003105269--0 -01/20/00--01103--019 ****250.00 ****250.00
			900003105269--0 -01/20/00--01103--020 ****500.00 ****500.00

8. Name and Address of Current Registered Agent

LYMAN, ROBERT E  
 130 N.W. 20TH STREET  
 BOCA RATON FL 33431

9. Name and Address of New Registered Agent

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 and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **[Signature]** REGISTERED AGENT MUST SIGN

Date **12-27-99**

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]** **Robert E Lyman** Date **12-27-99** Daytime Phone # **5614578758**

FILED  
 99 DEC 30 PM 12: 25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



REINSTATEMENT **99**

CR2E040 (8/99)