

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 APR 25 AM 10:53

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000097162

**1. Corporation Name**

SHOCKING PINK, THE ELECTRIC COMPANY, INC.

**2. Principal Office Address**

361 SE 8TH ST.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33060-8445

Country

BROWARD

**3. Mailing Office Address**

361 SE 8TH ST.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33060-8445

Country

BROWARD

REINSTATEMENT 04-06

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/19/1995

**5. FEI Number**

65-0645267

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

STEVE S. JAKALA

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

361 SE 8TH ST.

Suite, Apt. #, Etc.

City

POMPANO BEACH,

State

FL

Zip Code

33060-8445

**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

*Steve S. Jakala*

Date 4/21/06

REGISTERED AGENT MUST SIGN

**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	STEVE S. JAKALA	361 SE 8TH ST.	POMPANO BEACH, FL 33060-8445

400074347524

05/10/06--01004--006 \*\*1050.00

**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 contained in Chapter 119, 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:

*Steve S. Jakala* STEVE S. JAKALA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06 954941-7133

Date

Daytime Phone #