

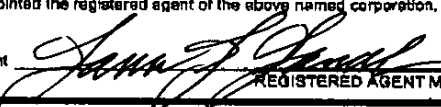
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA300088708563
02/19/07--01006--018 **1665.00REINSTATEMENT
CR2E081 (1/07)

97-07

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 996000008861					
1. Corporation Name Electrical Resource & Service, Inc W07-6137					
2. Principal Office Address - No P.O. Box # 7328 Tropical Drive		3. Mailing Office Address same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Spring Hill, FL		City & State			
Zip 34607	Country Hernando	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida 1/29/96					
5. FEL Number 59-3358392				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 James Janecek					
Street Address (P.O. Box Number is Not Acceptable) 7328 Tropical Drive					
Suite, Apt. #, Etc.					
City Spring Hill		State FL	Zip Code 34607		
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 		Date 2/1/07			
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	James Janecek	7328 Tropical Drive		Spring Hill, FL 34607	
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: JAMES J. JANECEK		Date 2/1/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			