T. Roberts MAY 23 2005

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 16 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000017701

**1.** Corporation Name
Aim Electric Supply Inc.

REINSTATEMENT 03-05

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 1502 East Baker St. | | P.O.Box 2088 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Plant City, Fl | | Plant City, Fl | |
| Zip: 33563 | Country: USA | Zip: 33564 | Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: 02/25/1996

**5.** FEI Number: 59-3357228 ☐ 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 000055386900
05/25/05--01059--008 **105.00

Name: Steven G. Lambert

Street Address (P.O. Box Number is Not Acceptable): 4610 Clarksdale Lane

Suite, Apt. #, Etc.:

City: Brandon | State: FL | Zip Code: 33511

**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 5/6/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

**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 |
|---|---|---|---|
| Preside | Steven Lambert | 4610 Clarksdale Lane | Brandon, Fl 33511 |
| Vice Pr | Debra Lambert | 4610 Clarksdale Lane | Brandon, Fl 33511 |
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**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:** _____ 5/6/05 813-752-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #