

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 25 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000033095

1. Corporation Name

Florida Commercial Electric, Inc.

2. Principal Office Address

339 W. Melody Lane

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 180008

Suite, Apt. #, etc.

City & State

Casselberry, FL

Zip

Country

32707

USA

City & State

Casselberry, FL

Zip

Country

32718

USA

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

4/11/1996

5. FEI Number

59-3374321

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

Steven R. Coppedge

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

230 E. Panama Road

Suite, Apt. #, Etc.

100003630371-6

-02/02/01--01049-015

****908.75 ****908.75

City

Winter Springs, FL

State

FL

Zip Code

32708

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**

Steven R. Coppedge

REGISTERED AGENT MUST SIGN

Date 1/23/2001

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

Steven R. Coppedge

230 E. Panama Road

Winter Springs, FL 32708

REINSTATEMENT 00-01

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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:

Steven R. Coppedge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven R. Coppedge

Date

1/23/2001

Daytime Phone #

(407) 331-7009

CR2E081 (9/00)