

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 24 PM 4:06

STATE
TALLAHASSEE, FLORIDA

200138230402
11/24/08--01030--022 **458.75

DOCUMENT # *P97000000333*

1. Corporation Name

Southern Electrical Contractors of Pensacola, Inc.

2. Principal Office Address - No P.O. Box #

5098 Hamilton Bridge Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

5098 Hamilton Bridge Rd.

Suite, Apt. #, etc.

City & State

Pace, FL

City & State

Pace, FL

Zip

32571

Country

U.S.A.

Zip

32571

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

AmeriLawyer

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

343 Almeria Av.

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

4. Date Incorporated or Qualified
To Do Business in Florida

January 1, 1997

5. FEI Number

59-3417414

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *11-20-08*

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 |
|----------------------|--------------------------------------|---------------------------------------------------|----------------------|
| <i>P/T President</i> | <i>Doug Pearson</i> | <i>5098 Hamilton Bridge Rd.</i> | <i>Pace FL 32571</i> |
| <i>VP/President</i> | <i>Beth Pearson</i> | <i>5098 Hamilton Bridge Rd.</i> | <i>Pace FL 32571</i> |
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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 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:

Doug Pearson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-08

Date

850-994-3376

Daytime Phone #