

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 25 PH 5:02

DOCUMENT # P97000005316

1. Corporation Name

BENFIELD ELECTRIC SUPPLY- FLORIDA, INC.

Principal Place of Business

Mailing Address

25 LAFAYETTE AVENUE  
WHITE PLAINS NY 10603

25 LAFAYETTE AVENUE  
WHITE PLAINS NY 10603



REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/16/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3926964

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KOHLI, ROY	25 LAFAYETTE AVENUE	WHITE PLAINS NY 10603
VP	<del>MASTROMONACO, JOSEPH</del>	<del>25 LAFAYETTE AVENUE</del>	<del>WHITE PLAINS NY 10603</del>
ST	<del>PETERSEN, JR CARL J</del>	<del>25 LAFAYETTE AVENUE</del>	<del>WHITE PLAINS NY 10603</del>
VP	McLaughlin, DAN	25 LAFAYETTE AVE.	White Plains 10603
ST	Roloff, William	25 LAFAYETTE AVE.	White Plains 10603

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

300003463703-0

Suite, Apt. #, Etc.

11/15/00-01015-007  
\*\*\*750.00 \*\*\*750.00

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

BRIAN COURTNEY, ASST. VP.  
REGISTERED AGENT MUST SIGN as its agent

Date 10/24/2000

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/00 (914) 948-6660

Date

Daytime Phone #

CR2ED40 (8/00)