

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

98 DEC 28 AM 9:04

SECRETARY OF STATE
CALLAHANSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000007935

1. Corporation Name
J & S ELECTRIC, INC.

Principal Place of Business 14767 62ND COURT NORTH LOXAHATCHEE FL 33470	Mailing Address 14767 62ND COURT NORTH LOXAHATCHEE FL 33470
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REINSTATEMENT 98

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

2. New Principal Office Address, If Applicable N/A	3. New Mailing Office Address, If Applicable N/A	4. Date Incorporated or Qualified To Do Business in Florida 01/21/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 650724871
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Jerry Vasallo	14767 62nd Court North	Loxahatchee, FL 33470
Vice P.	Stephen Hubertz	14995 Horseshoe Trace	Wellington, FL 33414
Sec.	Jerry Vasallo	14767 62nd Court North	Loxahatchee, FL 33470
Treas.	Stephen Hubertz	14995 Horseshoe Trace	Wellington, FL 33414

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01/28/99--01064--018
12/30
****750.00 ****750.00

8. Name and Address of Current Registered Agent MCDONOUGH, MICHAEL D 12798 FOREST HILL BLVD. SUITE 201A WELLINGTON FL 33414	9. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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 _____ Date 12/23/98
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No
(See other side for information on intangible tax.)

12. 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: _____ Date 12/23/98 Daytime Phone # 795-9297
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)