DI EACE DE	AD ALL INSTRUCTIONS	S REEODE O	COMPLETING THIS FORM
OR DOL	FLORIDA DEPARTME Sandra B. Mo Secretary of	eni of Siale ortham	APACVED ICE Z
REI S'ATEM IN DIVISION OF CORPORATIONS			99 JAN -7 PM 2:59
DOCUMENT # <b>P97000018094</b> 1. Corporation Name			SECRETARY OF STATE,
WILKINS ELECTRIC, INC.			TALLAHASSEE, FLORIDA
Principal Place of Business	Mailing Address	<u> </u>	
671 PRINEVILLE STREET PORT ST LUCIE FL 34963	671 PRINEVILLE STREET PORT ST LUCIE FL 34983		
If above addresses are incorrect in any way, it.  2. New Principal Office Address, if Applicable	ine through incorrect information and ente		4. Data Incorporated or Qualified
2422 S.E. BORDEAUX COU Suite, Apt. #, etc.	DRT 50 SEKINDER ST Suite, Apt. #, etc.		Date Incorporated or Qualified     To Do Business in Florida     02/26/1997
Oity & State	Ste 107 City & State DA Stuart Florid		5. FEI Number Applied For Not Applied For Not Applied For
HOET ST. LUCIE FLORIS	DA Stuart Florid		6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee require for a Certificate of Status
7. Names and Street Addresses of Each Office	er and/or Director (Florida nonprofit corpo	<del></del>	<del></del>
Title(s) Name of Office and/or Director	rs S C 3 (Do NOT U	treet Address of Each Officer and/or Director se Post Office Box Nu	h City / State / Zip
P Neal Wilkins	671 Pri	ne ville s	St Pt St Lucie, F1, 34983
			9000027520692
			-01/22/9901106006 ****300.00 ****300.00
8. Name and Address of Cur	rrent Registered Agent		Name and Address of New Registered Agent
KOHL, N. DEAN JR		Name	P.O. Box Number is Not Acceptable)
50 SE KINDRED STREET STUART FL 34994		Suite, Apt. #, Etc.	
		City	State Zip Code
10. I, being appointed the registered agont of the Signature of Registered Agent	ne above named corporation, am familiar v	IRED	bligations of Section 607.0505, F.S.  Date
11. This corporation owes of Intangible Personal Prop		ear Yes 🗵	No (Seet their side for information
this reinstatement application, the reason for	dissolution has been eliminated, the corp d the names of individuals listed on this fo my signature shall have the same legal eff	orate name satisfies t im do not qualify for a fect as if made under	provided for in chapter 607 or 617, F.S. I further certify that when filling the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The Information indicated roath.
SIGNATURE: SIGNATURE AND TYPED O	F REQUIP OR PRINTED NAME OF SIGNING OFFICER OR		1-4-99 Date Daytime Phone #

2012

## KOHL & SPOTTS

PROFESSIONAL ASSOCIATION OF ATTORNEYS

KAREN M. DOBEINS
ROBERT J. ELDER III
T. J. HEINEMANN

50 SOUTHEAST KINDRED STREET
STUART FLORIDA 34994
1002 SOUTH US HIGHWAY 1

FORT PIERCE, FLORIDA 34950
MAILING ADDRESS

Mailing Address
P.O. Box 1166 • Stuart FL 34995-1166

STUART 561-223-9999 FORT PIERCE 561-468-0011 FAX 561-223-9008 www.kohlspotts.com

January 4, 1999

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

N. DEAN KOHL, JR MICHAEL K. SPOTIS

Re: Wilkins Electric, Inc.

Dear Division of Corporations:

Enclosed is a check in the amount of \$300.00, together with an Application for Reinstatement, for the above referenced corporation. The \$300.00 is intended to cover the Annual Report Fee and the Corporate Supplemental Fee for the years 1998 and 1999. My client did not receive the Annual Report or Second Notice for 1998, therefore we request that the reinstatement fee be waived.

Very truly yours,

NDK/pjs enclosures