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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	04 FEB -4 AM II: 59 SECNETAGE OF STATE TALL AHASSEE FLORIDA
DOCUMENT # P97000043815		TALLAMASSMI PLUMIDA
	rical Contractor, Inc	
		- AEMSTAICMENT
2. Principal Office Address 3000 S.E.Waaler St.	3. Mailing Office Address 30005.E. Waaler St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
Stuart Fla.	Stuart, Fla.	5. FEI Number Applied For Not Applied ble
34997 Country U.SA.	34997 U.S.A.	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee requirec for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
Kramer Sewell Sooko + Levenstein, P.A. Street Address (P.O. Box Number is Not Acceptable) 853 SE Monterey Commons Boulevard 02/04/0401010017 **301.75		
Suite, Apt. #, Etc.	erey commons Doulevara	02/04/0401010017 **30%.75
City Stuart		State Zip Code FL 34996
8. I, being appointed the registered agent of the about Signature of Registered Agent RE	we named corporation, am familiar with and accept the or the second seco	bligations of section 607.0505 or 617.0503, F.S. Date 1/28/04
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	r City / State / Zip
Pres. Kenneth A. Wiese	er 4001 S.W. St. Lucie	lane Palm City, Fig. 34990
10 Logdify that Lam an officer or director or the sees	ulvar or trustag ampowered to execute this socienties on	provided for in chanter 607 or 617. F.S. I further certify that when filling
this reinstatement application, the reason for diss owed by the corporation have been paid and the	solution has been eliminated, the corporate name satisfie	provided for in chapter 607 or 617, F.S. I further certify that when filing is 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 er oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayline Phone #

SIGNATURE:

Shoreline Electrical Contractor, Inc.

3000 SE Waaler Street Stuart, Fla. 34997 772-221-3923 ofc 772-221-2144 fax

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Fla. 32399

Gentlemen:

I am Federal Expressing our Corporation reinstatement along with copies of the items I will be referring to in this letter. I submitted our 2002 UBR on 1/22/02 and asked for an address change. You will find a copy of our form that I downloaded from your sunbiz.org site showing our mailing address incorrectly loaded into your system. The street name is Waaler and it was input as Walker. The correct zip code is 34997 and it was input as 34999. As a result of this mistake we did not receive our 2003 or 2004 UBR's. As you will note, I have enclosed a copy of an e-mail reply from your "corphelp" site that advises me to write a letter requesting a waiver of the \$600.00 reinstatement fee. Please consider this letter my request to waive this fee.

I am enclosing our check in the amount of \$300.00 to cover the UBR's for 2003 and 2004. This transaction needs to be processed very quickly. Our bank has discovered our inactive status and will "term out" our line of credit in two days if we are not activated. I do not have the funds to pay down our entire LOC, especially when it was due to a mistake made outside of my office. Please have someone contact my office manager, Lori Stevens, upon receipt of this express mail to confirm that we will be activated immediately. She may be reached at 772-221-3923 and by e-mail address: lws61@bellsouth.net.

Thank you for your prompt attention to this very important matter. I am also including the \$8.75 for the certificate of status. Please fax to 772-221-2144.

Sincerely,

Kenneth A. Wieser

President

Shoreline Electrical Contractor, Inc.

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KW/ls