

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *98-CP*
REINSTATEMENT

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

FILED

99 SEP 13 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P97000048502*

1. Corporation Name

Louis Smith Electric, Inc.

Principal Place of Business

Mailing Address

*6329 Mangrove Dr.
Wesley Chapel, FL 33544*

*Box 3141
Wesley Chapel, FL 33543*

REINSTATEMENT *98-CP*

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

May 30, 1997

5. FEI Number

59-9254468

Applied *SP*

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<i>P/V/D</i>	<i>Louis C. Smith III</i>	<i>6329 Mangrove Dr</i>	<i>Wesley Chapel, FL, 33544</i>

*000002989450--8
-09/17/99--01004--009
*****900.00 *****900.00*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*Louis C. Smith III
6329 Mangrove Dr
Wesley Chapel, FL 33544*

Name

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

Suite, Apt. #, Etc.

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

Louis C. Smith III

REGISTERED AGENT MUST SIGN

Date *9.4.99*

11. This corporation owes 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:

Louis C. Smith III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *9.4.99*

Daytime Phone # *813 991 3033*

CR2ED01 (12/98)