

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000048502

1. Corporation Name

Louis Smith Electric, Inc.

2. Principal Office Address

6329 Mangrove Dr

Suite, Apt. #, etc.

3. Mailing Office Address

POB 7181

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

Wesley Chapel, FL

Zip
33544

Country
US

Zip
33544

Country
US

REINSTATEMENT

03-06

4. Date Incorporated or Qualified
To Do Business in Florida 1997

5. FEI Number
651060820

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Smith, Louis C III

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

6329 Mangrove Dr

Suite, Apt. #, Etc.

City
Wesley Chapel, FL

State
FL

Zip Code
33544

100080005891

09/20/06--01057--016--**508.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Louis Smith, Pres

REGISTERED AGENT MUST SIGN

Date 9/13/06

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 | City / State / Zip |
|--------|--------------------------------------|---|-------------------------|
| Pres | Louis Smith | 6329 Mangrove Dr | Wesley Chapel, FL 33544 |
| | | | |
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10. 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 contained in Chapter 119, 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

Louis Smith

9/13/06

Date

813/991/7073

Daytime Phone #

9/19/06

2/2

Louis Smith Electric, Inc.

P.O. Box 7181

Wesley Chapel, Florida 33544

Phone 813-991-7073 Fax 813-994-5740

September 14, 2006

Department of State
Division of Corporations
POB 6327
Tallahassee, Florida 32314

Re: Letter of non-receipt

To Whom It May Concern:

This letter is to specifically state that neither Louis Smith, nor Louis Smith Electric, Inc received the annual report notices from the State in the year of dissolution/revocation.

Sincerely,

A handwritten signature in black ink, appearing to read "Louis Smith, Pres". The signature is fluid and cursive, with a large initial "L" and "S".

Louis Smith
President