

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 SEP 25 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P97000080254**

1. Corporation Name

FIRST Response ELECTRICAL ENTERPRISES INC.

2. Principal Office Address

591 WHISPERING LAKES

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FLA.

Zip

34688

Country

Pinellas

3. Mailing Office Address

P.O. BOX 2014

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FLA.

Zip

34688

Country

Pinellas

0000004627480--9

-10/08/01--01080--019

******900.00 ****900.00**

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3468770

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

THOMAS JONES

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

591 WHISPERING LAKES BLVD.

Suite, Apt. #, Etc.

City

TARPON SPRINGS

State

FL

Zip Code

34688

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

[Signature]

Date **9-25-01**

REGISTERED AGENT MUST SIGN

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	Wesley Jones Wesley Jones	591 WHISPERING LAKES	
VP	JOHN MICHAEL		
Sec.	ANNA JONES		
D	THOMAS JONES		

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 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:

THOMAS L JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-581-8083

Daytime Phone #

CR2E081 (9/00)