

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000100587

1. Corporation Name

CONSOLIDATED ELECTRICAL
SYSTEMS, INC

2. Principal Office Address

5425 W. CRENSHAW ST.

Suite, Apt. #, etc.

City & State

TAMPA FLA

Zip

33634

Country

3. Mailing Office Address

5425 W. CRENSHAW ST.

Suite, Apt. #, etc.

City & State

TAMPA FLA

Zip

33634

Country

REINSTATEMENT

99-180

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

11-24-1997

5. FEI Number

59-3480848

☒ 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

LAWRENCE T. PABETTI

600003194986-4

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

5425 W. CRENSHAW ST

-04/04/00--01060--001

****900.00 ****900.00

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code

33634

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

Lawrence T. Pabetti

REGISTERED AGENT MUST SIGN

Date 3-10-00

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
P/D	LAWRENCE T. PABETTI	5425 W. CRENSHAW ST.	TAMPA FL 33634
D	ALBERT DOCOBO	5425 W. CRENSHAW ST	TAMPA FL 33634
			KE

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:

Albert N. Docobo

ALBERT N. DOCOBO

3-10-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813 806 0096

CR2E081 (9/99)