

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAR 23 AM 10:37  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000013650

1. Corporation Name  
Rowland Electric of the Keys Inc.

500030902505  
03/23/04--01025--010 \*\*1500.00

2. Principal Office Address 912 Lapaloma Rd		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Key Largo		City & State	
Zip FL	Country MONROE	Zip 33037	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2/10/98	
5. FEI Number 65-0813137	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name David R. Rowland	
Street Address (P.O. Box Number is Not Acceptable) 912 Lapaloma Rd	
Suite, Apt. #, Etc.	
City Key Largo	State FL
Zip Code 33037	

**REINSTATEMENT**

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 David Rowland Date \_\_\_\_\_

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
PTS	David Rowland	912 Lapaloma Rd	Key Largo FL 33037

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: David Rowland DAVID ROWLAND 3/16/04 (308) 451-9292

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