

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000015424

1. Corporation Name

MARCO BEACH ELECTRIC, INC.

Principal Place of Business

Mailing Address

5000 21ST AVE SW
NAPLES FL 34116

5000 21ST AVE SW
NAPLES FL 34116

994 N. BARFIELD
MARCO ISLAND FL 34145

P.O. Box 1992
MARCO ISLAND
FL, 34146

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

994 N. BARFIELD DE

Suite, Apt. #, etc.

MARCO ISLAND FL

City & State

34145

Zip

Country

3. New Mailing Office Address, If Applicable

MARCO BEACH ELECTRIC

Suite, Apt. #, etc.

P.O. Box 1992

City & State

MARCO ISLAND FL

Zip

34146

Country

USA



REINSTATEMENT - 01

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/1998

5. FEI Number

59-3493484

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	CROUSHORE, TERRY	930 HERON COURT	MARCO ISLAND FL 34145
VS	PIERNE, PHIL	5300 21ST AVE SW	NAPLES FL 34116

100004677561-4
-11/14/01--01001--013
***750.00 ***750.00

8. Name and Address of Current Registered Agent

PIERNE, PHIL
5300 21ST AVE SW
NAPLES FL 34116

9. Name and Address of New Registered Agent

Name

TERRY CROUSHORE

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

916 SONDROP CT

Suite, Apt. #, Etc.

City

MARCO ISLAND

State

FL

Zip Code

34145

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-11-01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TERRY CROUSHORE

Date

10-11-01

Daytime Phone #

941-394-7372

CR20040 (8/01)