

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 13 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104159

1. Corporation Name

TRI-STATE ELECTRICAL CONSTRUCTION, INC.

Principal Place of Business

3507 DELLWOOD BLVD.
LOXAHATCHEE FL 33470

Mailing Address

3507 DELLWOOD BLVD.
LOXAHATCHEE FL 33470

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

2. New Principal Office Address, If Applicable

13257 82ND LN.

Suite, Apt. #, etc.

W. P. B. FLA

City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

33412

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/1998

5. FEI Number

65-0881901

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

P

ANDRASSI, MICHAEL

3507 DELLWOOD BLVD.

LOXAHATCHER FL 33470

900008969949

11/13/02--01055--017 **150.00

8. Name and Address of Current Registered Agent

ANDRASSI, MICHAEL
3507 DELLWOOD BLVD.
LOXAHATCHEE FL 33470

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/8/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

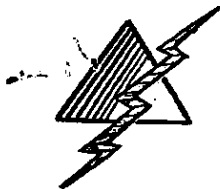
Date

Daytime Phone #

561-798-4717

11/8/02

CR2E040 (8/02)



TRI STATE ELECTRICAL CONSTRUCTION, INC.
13257 82nd.La. North
W.P.B., Fla 33412
(561) 798-4717 FAX (561) 798-9466

TO: DIVISION OF CORPORATIONS

NOV.11,2002

PLEASE BE ADVISED THAT TRI STATE ELECTRICAL CONSTR, INC DID NOT
RECEIVE THE ANNUAL REPORT FOR CORPORATION, S IN THE FISCAL YEAR OF
2002. HOWEVER, WE DID MOVE OUR CORPORATE OFFICE THIS YEAR, MAYBE IT MAY
HAVE BEEN LOST IN THE MAIL. WE HAVE SENT THE REINSTATEMENT AND THE FEE.
THANKS FOR YOUR HELP.

SINCERELY
MICHAEL ANDRASSI, PRES.