

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUN 16 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P99000002949

1. Corporation Name

E Z Wiring, Inc.

2. Principal Office Address - No P.O. Box #

559 N. 10th St.

Suite, Apt. #, etc.

3. Mailing Office Address

559 N. 10th St.

Suite, Apt. #, etc.

City & State

Flagler Beach, Florida

City & State

Flagler Beach

Zip

32136

Country

USA

Zip

32136

Country

USA

000209023180
06/16/11--01032--006 **1800.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 1/8/1999

5. FEI Number
593555326

☐ 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

Livingston Wolverton & Sword, P.A.

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

20 Airport Road

Suite, Apt. #, Etc.

Suite A

City

Palm Coast

State

FL

Zip Code

32164

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

Jay W. Livingston, Esq.
REGISTERED AGENT MUST SIGN Jay W. Livingston, Esq.

Date 6/2/2011

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 |
|--------|--------------------------------------|---|-------------------------|
| D | Robert A. Souza | 559 N. 10th St. | Flagler Beach, FL 32136 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 04-11

B 6/16/11

10. E-mail Address: pierflex@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

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

Date

Daytime Phone #

386-793-1208