

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 12 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

DOCUMENT # P99000022246

1. Corporation Name

H & S ELECTRICAL, INC.

Principal Place of Business

102 DRENNEN RD., STE. C1
ORLANDO FL 32806

Mailing Address

102 DRENNEN RD., STE. C1
ORLANDO FL 32806

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

2. New Principal Office Address, If Applicable

753 S. KERMAN ROAD

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32811

Country

U.S.A.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/1999

5. FEI Number

59-3569411

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HARDEN, JAMES W	102 DRENNEN RD., STE. C1 753 S. KERMAN ROAD	ORLANDO FL 32806 32811
D	HARDEN, COLIN B	8325 SANDBERRY BLVD 753 S. KERMAN ROAD	ORLANDO FL 32819 32811
D	JOHNSON, DEON L.	753 S. KERMAN ROAD	ORLANDO, FL 32811

8. Name and Address of Current Registered Agent

MARCUS, MICHAEL J ESQ.
317 N. KROME AVE.
HOMESTEAD FL 33030

9. Name and Address of New Registered Agent

Name

JAMES W. HARDEN

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

753 S. KERMAN ROAD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32811

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

REGISTERED AGENT MUST SIGN

Date

03-29-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. HARDEN

Date

Daytime Phone #

03-29-02

407-857-4624

CR2E040 (8/01)