PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR FOR FOR FURIDA DEPARTMENT OF STATE Attended to the state of the						10/2		
DOCUMENT # P99000031716 1. Corporation Name					FILED 01 NOV 13 PM 4: 29			
PERFORMANCE ELECTRICAL CONTRACTORS, INC.					SECRETARY DE STATE TALEAHASSEE, FLORIDA			
Principal P	Place of Business	ess						
417 CASSATE AVENUE JACKSONVILLE FL 32254 US		P O BOX 14877 JACKSONVILLE FL 32238 US						
	addresses are incorrect in any way, line thr incipal Office Address, If Applicable	ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			2 20 0 9 5 50 00 4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt.		Suite, Apt. #, etc.			5. FEI Number Applied For			
City & Stat	Country	City & State Zip Countr		untry	6. SETTIFICATE OF STATUS PROJECT S8.75 Additional Fee required			
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit corp	porations must list at lea	<u>L</u>	F OF STATUS DESIRED L. for	a Certificate of Status	
Title(s)	Name of Officers S			Street Address of Each Officer and/or Director	0.70			
P	PAINE, JAMES S		P.O. BOX 379	936	JACKSONVILLE FL 32236			
							-	
	Name and Address of Current F	Registered Age	nt		9. Name and 4	Address of New Registered Age	·	
SVENDSEN, PATSY B P.A. 417 CASSAT AVENUE JACKSONVILLE FL 32254				Name Street Address (P Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
Signature of Registered .	RE that I am an officer or director or the receiv	GISTERED AGE	ENT MUST SIGN	ute this application as p	rovided for in cha	Date	tify that when filing	
this rein: owed by	statement application, the reason for dissol the corporation have been paid and the n application is true and accurate, and my sig	ution has been : ames of individu	eliminated, the co als listed on this t	rporate name satisfies t form do not qualify for a	he requirements and exemption and	of section 607,0401 or 617,0401.	. F.S., that all fees	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



PATSY B. SVENDSEN, C. P. A. CERTIFIED PUBLIC ACCOUNTANTS

P. O. BOX 14877 JACKSONVILLE, FLORIDA 32238-1877 904-389-4500 904-387-4601 FAX

Florida Department of State Division of Corporations Annual Report/Reinstatement Section P. O. Box 6327 Tallahassee, Florida 32314-6327

Re: Performance Electrical Contractors, Inc. Document # P99000031716

Dear Sirs:

Enclosed you will find the signed Application for Reinstatement form for Performance Electrical Contractors, Inc. Please be advised that the initial Uniform Business Report and a check for \$150.00 were mailed to you in February 2001. Our records indicate that the Department of State cashed this check. I have enclosed a copy of the front and back of this check for your information. We never received any notification that there may be a problem with this filing. Please waive any fees or penalties incurred.

If you have any questions or need any additional information give me a call.

Sincerely,

Margie Carter Accountant

Margie Carte

Enclosures

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