

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 26 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P990000031716

1. Corporation Name

Performance Electrical Contractors, Inc.

2. Principal Office Address

417 Cassat Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 14877

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32254

Country

US

City & State

Jacksonville, FL

Zip

32238

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3568609

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Svendsen, Patsy B

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

417 Cassat Ave

Suite, Apt. #, Etc.

City

Jacksonville,

State
FL

Zip Code
32254

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

Patsy B. Svendsen
REGISTERED AGENT MUST SIGN

Date 11-24-2003

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
P	Paine, James S.	P.O. Box 37936	Jacksonville, FL 32236

10. 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:

James S Paine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-03 904545-1477

Date

Daytime Phone #

CR2E081 (10/02)