

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 JUN -3 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 99900058002

1. Corporation Name

SPECTRUM III/FARNES ELECTRICAL CONTRACTORS,
INC

2. Principal Office Address

7038 40TH TRAIL NORTH

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33404

Country

3. Mailing Office Address

7038 40TH TRAIL NORTH

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33404

Country

USA

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

06/25/99

5. FEI Number

59-3447828

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

FRED FARNES

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

7038 49TH TRAIL NORTH 700020433247
06/04/03--01014--009 **900.00

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33404

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/27/03

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
PRES	FRED FARNES	7038 49TH TRAIL N	WEST PALM BEACH, FL 33404
SECTY	JOSHUA FARNES	7038 49TH TRAIL NORTH	WEST PALM BEACH, FL 33404

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)