

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 16 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000059211

1. Corporation Name
Emerald Electric of Central Florida, Inc.

REINSTATEMENT 03-04

2. Principal Office Address
4625 Old Winter Garden Rd. P.O. Box 618103

Suite, Apt. #, etc.

Ste. A-4

City & State

Orlando, FL

Zip

32811

Country

USA

3. Mailing Office Address

P.O. Box 618103

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32861

Country

USA

100030502901
03/16/04--01018--009 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida 6-28-99

5. FEI Number
593597903

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James D. Crandall

Street Address

10659 Lake Hill Drive

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

James D. Crandall
REGISTERED AGENT MUST SIGN

Date 3-10-04

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
PTD	James D. Crandall	10659 Lake Hill Drive	Clermont, FL 34711
VSD	Colleen E. Crandall	10659 Lake Hill Drive	Clermont, FL 34711

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:

Colleen Crandall Colleen Crandall

3-10-04

352-394-6927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

Emerald Electric of Central Florida, Inc.
P.O. Box 618103
Orlando, FL 32861-8103

March 10, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

Enclosed please find a corporation reinstatement form along with a check for \$300.00 for Emerald Electric of Central Florida, Inc.

I have just found out that no corporation form was filed last year and that we are on inactive status. When researching this, I have found that you had the incorrect mailing address, and we did not receive the form for either last year or this year.

I spoke with Sean in the reinstatement department, and he instructed me to fill out the reinstatement form and send in the \$300.00, and that the reinstatement fee would be waived.

Please contact me if you have any questions. Thank you for your help in this matter.

Sincerely,



Colleen Crandall - Vice President