


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00032	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **P99000108306**

1. Corporation Name

HERRMANN ELECTRICIANS, INC.

200003455392--3
-11/07/00--01080--025
******150.00 ****150.00**

2. Principal Office Address		3. Mailing Office Address	
29819 US Hwy. 19 North		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Clearwater, FL			
Zip	Country	Zip	Country
33761	USA		

4. Date Incorporated or Qualified To Do Business in Florida		12-15-99
5. FEI Number	Applied For	
59-3613185	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert Krug, Esquire

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

4010 Boy Scout Blvd., Suite 590

Suite, Apt. #, Etc.

Suite 590

City

Tampa

State

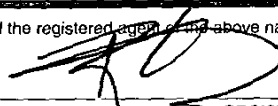
FL

Zip Code

33607

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



Date

10-19-00

REGISTERED AGENT MUST SIGN

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/S	Frank Herrmann	29819 US Hwy. 19 North	Clearwater, FL 33761

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:



Frank Herrmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-19-00

813-871-5784

Daytime Phone #

CR2E081 (9/99)