

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$1200.00

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 JAN -7 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S05417

1. Corporation Name

R.L.S. Electrical Services, Inc.

Principal Place of Business

Mailing Address

4232 Cortez Rd. W.  
Bradenton, FL 34210

4232 Cortez Rd. W.  
Bradenton, FL 34210

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT**

95-98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		9/26/90	
City & State		City & State		5. FEI Number	
Zip		Country		65-0242767	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	Michael R. Sabourin	6711 64th Lane E.	Bradenton, FL 34221
V.PRES.	Michael J. O'Laskey	4515 56th St. W.	Bradenton, FL 34210

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Michael J. O'Laskey 4515 56th St. W. Bradenton, FL 34210		Name Michael J. O'Laskey	
		Street Address (P.O. Box Number is Not Acceptable) 4232 Cortez Rd. W.	
		Suite, Apt. #, Etc.	
		City Bradenton	
		State FL	Zip Code 34210

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Michael J. O'Laskey* Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: *Michael J. O'Laskey* 12/12/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL J. O'LASKEY

Date: 12/12/97 Daytime Phone #: (941) 755-8095

CR2ED40 (12/96)