

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 29 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **52270**

1. Corporation Name

SNUG HARBOR ELECTRIC, INC

2. Principal Office Address

12700-WALSINGHAM ROAD

Suite, Apt. #, etc.

City & State

UNINCORPORATED COUNTY

Zip

33774

Country

PINELLAS

3. Mailing Office Address

17117 - GULF BOULEVARD

Suite, Apt. #, etc.

636

City & State

N. REDINGTON BEACH, FL

Zip

33708

Country

PINELLAS

REINSTATEMENT 93-04

4. Date Incorporated or Qualified
To Do Business in Florida

05-24-1984

5. FEI Number

59-3044812

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATRICIA E. BLACKWELL

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

17117 - GULF BOULEVARD

Suite, Apt. #, Etc.

636

City

N. REDINGTON BEACH

State
FL

Zip Code

33708

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

Patricia E. Blackwell
REGISTERED AGENT MUST SIGN

Date **1/20/2004**

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	ROBERT E. SOMMERKAMP	17117-GULF BLVD #636	N. REDINGTON BEACH, FL 33708
S/T	PATRICIA E. BLACKWELL	17117-GULF BLVD #636	N. REDINGTON BEACH, F. 33708

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:

Patricia E. Blackwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA E. BLACKWELL

1/20/2004 727-320-8364

Date

Daytime Phone #

CR2E081 (10/02)