

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 13 PM 2:01

DOCUMENT # 531921

1. Corporation Name
Alfred Bresson Electrical
Contractor, Inc
654 N.E. Dixie Hwy
Jensen Beach, FL 34957

2. Principal Office Address - No P.O. Box #

654 N.E. Dixie

Suite, Apt. #, etc.

3. Mailing Office Address

654 NE Dixie

Suite, Apt. #, etc.

City & State

Jensen Beach, FL

City & State

Jensen Beach, FL

Zip

34957

Country

USA

Zip

34957

Country

USA

800161323938
10/05/09--01037--004 **150.00

REINSTATEMENT 2009

4. Date Incorporated or Qualified
To Do Business in Florida

4-15-91

5. FEI Number

65-0253098

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

Alfred Bresson

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

654 N.E. Dixie Hwy

Suite, Apt. #, Etc.

City

Jensen Beach, FL

State

FL

Zip Code

34952

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Date *10/2/09*

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
President/ Secretary/ Treasurer	Alfred Bresson	654 NE Dixie Hwy	Jensen Beach, FL 34957

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 contained in Chapter 119, 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.

ALFRED BRESSON

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/09

Date

772-334-4014

Daytime Phone #