

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 30 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S75876

1. Corporation Name

Michael Electric Service Inc

2. Principal Office Address

2240 Woolbright Road

Suite, Apt. #, etc.

413

City & State

Boynton Beach FL

Zip

33426

Country

3. Mailing Office Address

P.O. Box 243929

Suite, Apt. #, etc.

City & State

Boynton Beach FL

Zip

33424

Country

REINSTATEMENT

CR2E081 (8/05)

03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

1991

5. FEI Number
65-0296992

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

Michael Sammaritano

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

2240 Woolbright Road

Suite, Apt. #, Etc.

413

City

Boynton Beach FL

State
FL

Zip Code

33426

900060092469
09/30/05 01005 004 ***451.00

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

9/27/05

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
Pres	Michael Sammaritano	2240 Woolbright Road	Boynton Beach FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/05

Date

561 742 2183

Daytime Phone #

Michael Electric Service Inc

State Certified Electrical Contractors Lic #EC 0000734

561 742-2183 Fax 561 742-2125

michaelsam@bellsouth.net

2240 Woolbright Road, Ste 413, Boynton Beach, FL 33426

Mail to: P.O. Box 24-3929, Boynton Beach, FL 33424

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

September 27, 2005

Re: Doc # S75876, Michael Electric Service Inc.

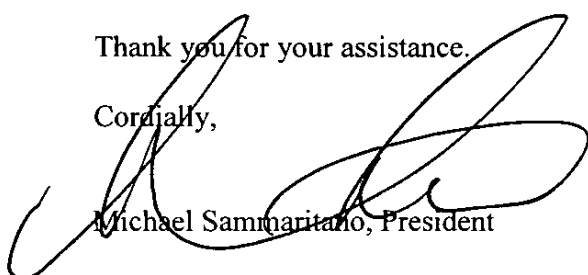
To Whom It May Concern:

Enclosed please find a check for \$450 to reinstate Michael Electric Service Inc. Please note that I did not receive any notice from the State.

Please also note and record Michael Electric Service's new address.

Thank you for your assistance.

Cordially,



Michael Sammaritano, President