

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN 22 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S 84759

**1. Corporation Name**

STANDARD ELECTRIC OF SOUTH  
FLORIDA INC.

**2. Principal Office Address**

3430 COCONUT CREEK PKWY,

Suite, Apt. #, etc.

#100

City & State

COCONUT CREEK

Zip

33066

Country

BROWARD

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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

10-2-1991

**5. FEI Number**

650286504

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

DIRAN V. SEROPIAN

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

1615 FORUM PLACE Suite 3-A

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33401

**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

Diran V. Seropian

Date

6/20/06

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| P      | JOEL DENSMORE                        | 1701 SW 6 <sup>th</sup> AVE                       | BOCA RATON FL 33486  |
| VP     | MARILEE DENSMORE                     | 1701 SW 6 <sup>th</sup> AVE                       | BOCA RATON FL, 33486 |
| S      | ASHLEY DENSMORE                      | 1701 SW 6 <sup>th</sup> AVE                       | BOCA RATON FL, 33486 |
| D      | SALVATORE GIORLANDO                  | 3564 ENSING CIR.                                  | DELRAY Bch FL, 33483 |
|        |                                      | <u>6/27</u>                                       |                      |

**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.**

SIGNATURE:

Joel Densmore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-06 (561) 716 6747

Date

Daytime Phone #