PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -4 PH 6: 03

DOCUMENT # VO7787

1. Corporation Name

Electricians R' Us, Inc.

2. Principal Office Address
4537 Springfield Blvd.

Suite, Apt. #, etc.

City & State
Jacksonville, Fla. 32206

Zip	Country
32206	USA

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida   17 JUNE 1992

5. FEI Number   ☐ 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   Lord Noble Majesty

Street Address (P.O. Box Number is Not Acceptable)
4537 SPRINGFIELD

400004725344   --4
-12/13/01--01078--0‍0
****450.00— ****45‍.00

Suite, Apt. #, Etc.

City	State	Zip Code
Jacksonville	FL	32206

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 _____ Lord Noble Majesty _____   Date Fri. 23 NOV. 2001

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. OWNER	Lord Noble Majesty	4537 Springfield Blvd	Jacksonville, Fla. 32206
T	"	" "	" " "
S	" " "	" " "	" " "

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.

1-904 -

SIGNATURE: _____ Lord Noble Majesty _____   FRI. 23 NOV 2001   924-7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/00)