

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 12 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V07787**

1. Corporation Name

Electricians 'R' Us, Inc

~~WFO 8849~~

REINSTATEMENT 08-10

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

4537 Springfield Blvd. Springfield Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

4537

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32206

Country

Duval

Zip

32206

Country

Duval

600170052446

02/22/10--01006--012 **308.75
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

17 June 1992

5. FEI Number

V07787

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 Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32206

☒ 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.

04/13/10--01013--004 **150.00

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

Lord Noble Majesty
REGISTERED AGENT MUST SIGN

Date **Tuesday 16 Feb. 2010**

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 |
|-----------------------|--------------------------------------|---------------------------------------------------|----------------------------------------|
| SOLE OWNER | Lord Noble Majesty | 4537 SPRING FIELD BLVD. | JACKSONVILLE, FLORIDA 32206 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lord Noble Majesty **Tuesday 16 February 2010**