PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEM				5	DEPARTME Secretary of SION OF CORPO	State	•	E			FILE ETARY I FOR COR	OF STAT			
DOCUMENT # $\sqrt{ 03 } \omega$ 1. Corporation Name												, , n		ינ נ		
NEW A'GE ELECTRIC INC																
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2. Principal Office Address 7027 W. Browned Bld 13428 N.W. 5 THCT										CR2E081 (8/05)						
Suite, Apt. #, etc. Suite, Apt. #,						etc.				4. Date Inco	porated or iness in Flo		J F	n l	992	
city & State City & St. PLANTATION, FL P						antation FL				5. FEI Number Applied For						
21p Country 333317 W.S.A			Zip Country 33325 USA					6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status								
					7. N	ame and Addres	ss of C	urrent Reg	ister	ed Agent						
	Name Robert W. Hunt										500052045595 12/09/0501053008 ***308, 15					
	Street Address (D.O. Day Nigota in Net Assessable)										STH CT					
	Suite, Apt. #, Etc.										<u> </u>					
	City	AT	ion							Zip Code	332	25	-			
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 12/08/05 REGISTERED AGENT MUST SIGN														05		
9. Names	and Street Ad	dresses	of Each Of	ficer and	or Director (Flo	rida nonprofit cor	poration	ns must list	at lea	ast 3 directors)						
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Directo											
P	Robert W. Hu				unt 13428 NW					SCT PLANTATION, FL 33					3336.	
V.P.	Rober	rt.	W	Hun	t JR 13428 NW.					- + 14 S GT:	PLA	ntestic	ŚN .	th 3	<i>3</i> 375	
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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: S																
	Sta	NATURE	AND TYPE	OR PRI	TED NAME OF	IGNING OFFICER					Date		Clautin	e Phone #		

New Age Electric, Inc. 13428 N.W. 5 TH CT. Plantation, Fl. 33325 954-791-5555

ER000013272 93CME1411X

12-08-05

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Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

To Whom It May Concern:

I am writing to explain that I have not received any info concerning the annual report filings. I have moved, got divorced, and have been through a variety of things since 2004. I honestly did not receive the paper work. I called the Dept of Corp. and spoke to a very nice person, who told me, to write a letter, fill out the form and send it over night.

I know it isn't your problem, but I am trying to renew my workers comp exempt form, and they are the ones that let me know that I wasn't current with the state. The problem is I am trying to do some work before Christmas, and I need to pull a permit, so..., I really need some help in processing this paperwork. I would greatly appreciate any help that you can offer.

Thank you, very, very, mush.

God Bless and Happy Holidays,

Robert W. Hunt

Robert W. Hunt