

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV -2 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100002681491--2
-11/05/98--01086--010
***1358.75 ***1358.75

DOCUMENT # V34342

1. Corporation Name

Southeast Electrical Construction Corp

Principal Place of Business

Mailing Address

14013 Lake Magdalene Blvd.

TAMPA, FLORIDA
33618-2319

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4 May 1992

5. FEI Number

59-3125091

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 94-98

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>PRESIDENT</u>	<u>Mitchell E. Eckley</u>	<u>SAME AS ABOVE</u>	<u>SAME AS ABOVE</u>
<u>VIC -</u> <u>PRESIDENT</u>	<u>Lawrence E. Eckley</u>	<u>" " "</u>	<u>" " "</u>
			<u>11-30-98</u>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lawrence E. Eckley
~~Shawn D. Eckley~~
14013 Lake Magdalene Blvd
TAMPA, FLORIDA 33618-2319

Name
Shawn D. Eckley
Street Address (P.O. Box Number is Not Acceptable)
14013 Lake Magdalene Blvd.
Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33618-2319

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Shawn D. Eckley
REGISTERED AGENT MUST SIGN

Date 10-30-98

11. This corporation ~~owes~~ or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Lawrence E. Eckley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-98

Date

(813)265-2068

Daytime Phone #

CR26940 (1/88)