

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *V38012*

1. Corporation Name

TUCKER ELECTRIC OF WINTER HAVEN, INC.

2. Principal Office Address

120 PINE ISLAND DR.

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL.

Zip

33881

Country

POLK

3. Mailing Office Address

P.O. Box 1173

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL.

Zip

33882

Country

POLK

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5/20/1992

5. FEI Number

59-3133658

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

MARK TUCKER

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

2530 COUNTRY CLUB RD.

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33881

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

REGISTERED AGENT MUST SIGN

Date

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
<i>P.</i>	<i>MARK TUCKER</i>	<i>2530 COUNTRY CLUB RD.</i>	<i>WINTER HAVEN, FL. 33881</i>

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:

Mark Tucker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/06

Date

863-294-2499

Daytime Phone #

FILED

06 AUG 25 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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