

PLEASE READ ALL INSTRUCTIONS BEFORE CC

APPLICATION
FOR
REINSTATEMENT



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

FILED
Dec 06 1996 8:00 am
Secretary of State

DOCUMENT # **V40349**

1. Corporation Name

LOU'S B.E.S.T. ELECTRICAL CONTRACTING, INC.

Principal Place of Business

Mailing Address

~~7825 FAIRVIEW DR.~~
~~APT #207~~
~~TAMARAC FL 33321-0073~~
~~US~~

~~7825 FAIRVIEW DR.~~
~~#207~~
~~TAMARAC FL 33321~~
~~US~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

10330 NW 24th Ct.

Suite, Apt. #, etc.

10330 NW 24th Ct.

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33322

Country

US

Zip

33322

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1992

5. FEI Number

65-0338021

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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
D.	MILLER LOUIS ANTHONY	7825 FAIRVIEW DR #207 10330 NW 24th Ct	TAMARAC FL Sunrise, FL 33322

900002024599--0
-12/10/96--01084--009
****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLER, LOUIS A
~~7825 FAIRVIEW DR.~~
~~APT #207~~
~~TAMARAC FL 33321~~

Name

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

10330 NW 24th Ct.

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33322

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/2/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Signature] **Louis A Miller**

12/2/96

954-749-3991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/96)