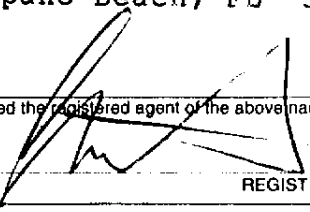
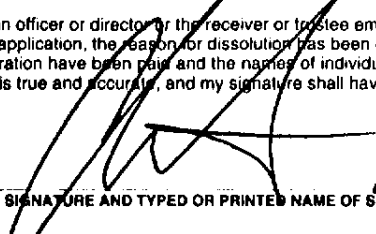


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>0233 V43363</b>		<b>FILED</b> <b>97 MAY 30 PM 12:06</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>  <b>700002199337--6</b> <b>-06/03/97--01033--013</b> <b>****950.00 ****950.00</b>	
1. Corporation Name <b>ACADEMY ELECTRIC, INC.</b>			
Principal Place of Business      Mailing Address  <b>1791 BLOUNT ROAD</b> <b>SUITE #1008</b> <b>POMPANO BEACH, FL 33069</b>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State  Zip      Country		3. New Mailing Office Address, If Applicable <b>1791 BLOUNT ROAD</b>  Suite, Apt. #, etc. <b>SUITE #1008</b>  City & State <b>POMPANO BEACH, FL</b>  Zip      Country <b>33069      USA</b>	
		4. Date Incorporated or Qualified To Do Business in Florida <b>6-92</b>	
		5. FEI Number <b>65-0346969</b>  Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	CHRISTOPHER J. VENTRICE	2763 SE 15TH STREET	POMPANO BEACH, FL 33062
8. Name and Address of Current Registered Agent  <b>Christopher J. Ventrice</b> <b>2763 S.E. 15th Street</b> <b>Pompano Beach, FL 33062</b>		9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City      State      Zip Code <b>FL</b>	
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  Date _____ <b>REGISTERED AGENT MUST SIGN</b>			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (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: 		CHRISTOPHER VENTRICE      5/7/97 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #	

CR2000 (12/96)