

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 DEC -8 PM 1:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V46184

1. Corporation Name

CURRENT ELECTRICAL CONTRACTORS, INC.

Principal Place of Business

6658 140TH AVE N
 SUITE 57
 WEST PALM BEACH FL 33412
 US

Mailing Address

6658 140TH AVE N
 WEST PALM BEACH FL 33412
 US

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/22/1992

5. FEI Number

65-0340909

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	POLLOCK, ARLENE L	1451 N. MILITARY TRAIL	WEST PALM BEACH FL
D	POLLOCK, WILLIAM E	1451 N. MILITARY TRAIL	WEST PALM BEACH FL

8. Name and Address of Current Registered Agent

POLLOCK, WILLIAM E
 6658 140TH AVENUE NORTH
 WEST PALM BEACH FL 33412

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

West Palm Beach

FL

33412

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/16/00

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/00

CR2E040 (8/99)