

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB -1 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000031174

1. Corporation Name

A-1 ELECTRIC OF HERNANDO, INC.

2. Principal Office Address - No P.O. Box #

18716 MONTEVERDE DRIVE

3. Mailing Office Address

18716 MONTEVERDE DRIVE

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

SPRING HILL, FL

City & State

SPRING HILL, FL

Zip

34610

Country

Zip

34610

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1993

5. FEI Number

59-3193372

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

DE ANGELIS, VINCENT

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

18716 MONTEVERDE DRIVE

Suite, Apt. #, Etc.

City

SPRING HILL

State

FL

Zip Code

34610

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

[Handwritten Signature]

Date 01/26/2010

REGISTERED AGENT MUST SIGN

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
DPST	DE ANGELIS, VINCENT	18716 MONTEVERDE DRIVE	SPRING HILL, FL 34610
VP	LEWIS, KENNETH L.	11780 LINDEN DRIVE	SPRING HILL, FL 34608
		<i>[Handwritten initials]</i>	

10. E-mail Address: MARYBETH@TAMPABAY.RR.COM

(To be used for future annual report notification)

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. I further certify, 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: *[Handwritten Signature]*

VINCENT DE ANGELIS

01/26/2010

352-279-6748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

500167707795
02701710--01046--021 **1850.75
REINSTATEMENT 04-10