

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

11 MAR 14 AM 11:05


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800193377598  
03/14/11--01064--012 \*\*158.75

800193377598  
02/04/11--01036--003 \*\*750.00

REINSTATEMENT 10-11

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 582779  
1. Corporation Name  
Active Mechanical Inc.

2. Principal Office Address - No P.O. Box # 301 DeCarie St. Suite, Apt. #, etc.		3. Mailing Office Address PO Box 70 Suite, Apt. #, etc. 41 Backside Lane	
City & State Delray Beach FL		City & State Dildo, NL	
Zip 33444	Country USA	Zip A0B1P0	Country Canada

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-1860166	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: Siegfried Schmidt  
Street Address (P.O. Box Number is Not Acceptable): 301 DeCarie St.  
Suite, Apt. #, Etc.:  
City: Delray Beach State: FL Zip Code: 33444

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.

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: S Schmidt Date: Jan 1-2011  
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
President	Siegfried Schmidt	41 Backside Lane Dildo, NL A0B1P0	Dildo, NL A0B1P0 Canada
Treasurer	Monica Schmidt	41 Backside Lane	Dildo, Newfoundland CANADA

10. E-mail Address: mon99ca@gmail.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: MS Schmidt Date: January 10-2011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

315