

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 NOV -5 PH 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G91782

1. Corporation Name
MECHANICAL CONTROLS CORPORATION

Principal Place of Business Mailing Address
% HARRY G. ASTON % HARRY G. ASTON
3350 ULMERTON RD UNIT 24 3350 ULMERTON RD UNIT 24
CLEARWATER FL 34622 CLEARWATER FL 34622



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/19/1984	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2386240	
Country		Country		Applied For	
33762		33762		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
PST	ASTON, HARRY G.	3350 ULMERTON ROAD	CLEARWATER FL
VD	MONTGOMERY, ROSS	3350 ULMERTON RD.	CLEARWATER FL
			7000002340907--4 -11/06/97--01119--002 ****750.00 ****750.00
			REINSTATEMENT 97
			<i>to Wilson</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ASTON, HARRY G. 3350 ULMERTON ROAD SUITE 14 CLEARWATER FL 34622		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
		Zip Code	

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 *Harry G. Aston* Date 11-4-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Harry G. Aston* 11-4-97 813 - 573-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP22E040 (8/97)