

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



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

02 AUG -9 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

940237

B&W Mechanical Contractors, Inc.

2. Principal Office Address

2920 Pacific Drive

Suite, Apt. #, etc.

City & State

Norcross, GA

Zip

30071

Country

USA

3. Mailing Office Address

P.O. Box 2223

Suite, Apt. #, etc.

City & State

Norcross, GA

Zip

30091

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/17/1978

5. FEI Number

58-1021874

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 94-02**

**7. Name and Address of Current Registered Agent**

Name

CT Corporation Systems

300007077958--1

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

1200 S. Pine Island Road

08/13/02 01054-008

\*\*\*1958.75 \*\*\* 958.75

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code  
33324

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

*Dale W. Morris*

**DALE W. MORRIS**  
ASSISTANT VICE PRESIDENT

REGISTERED AGENT MUST SIGN

Date 08/07/08

**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
Director	W. Chandler White, Jr.	7440 McBrayer Road	Cumming, GA 30040
CEO	Douglas D. Martin	165 Forestview Drive	Suwanee, GA 30024
CFO	Barbara W. Bass	845 Longwood Lane	Alpharetta, GA 30004
COO	Ron W. Berry	2109 Pinetree Drive, C-20	Buford, GA 30518

10. 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:

*Barbara W. Bass*

Barbara W. Bass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/08/02 (770) 441-8203

Date

Daytime Phone #

CR2E081 (9/01)

js 8/2/02