

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 840307

1. Corporation Name **AZCO, Inc.**

FILED

99 MAR 23 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

c/o EMCOR Group, Inc.
101 Merritt Seven, 7th Floor
Norwalk, CT 06851

If above addresses are incorrect in any way, line through incorrect information and enter correction below

REINSTATEMENT

93-990
150
3/23/99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

3/28/78

5. FEI Number

11-2167101

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
VP	R. Kevin Matz	c/o EMCOR Group, Inc. 101 Merritt Seven	Norwalk, CT 06851
Sec.	Frank Donelan	c/o EMCOR Group, Inc. 101 Merritt Seven	Norwalk, CT 06851
Dir.	R. Kevin Matz	c/o EMCOR Group, Inc. 101 Merritt Seven	Norwalk, CT 06851

900002815419-4

8. Name and Address of Current Registered Agent

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, FL 32301

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
FL

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

John S. Hoenig
REGISTERED AGENT MUST SIGN

Date 3/22/99

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:

Frank Donelan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Donelan, Secretary

3/16/99 (203)849-7833

Date

Daytime Phone #