

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 MAR 23 PM 1:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 840307
 1. Corporation Name **AZCO Inc.**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT

93-99
 7-10
 3/23/99

4. Date Incorporated or Qualified To Do Business in Florida	3/28/78
5. FEI Number	11-2167101
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

\$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
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 **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 *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**

Date **3/16/99** (203)849-7833
 Daytime Phone #

CR2E040 (1/98)