

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **849281**

1. Corporation Name

BACHELOR'S MECHANICAL CONTRACTORS, INC.

Principal Place of Business

Mailing Address

3110 OLD SHELL RD
POST OFFICE BOX 7504
MOBILE AL 36670

3110 OLD SHELL RD
POST OFFICE BOX 7504
MOBILE AL 36670



REINSTATEMENT 03

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

05/29/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

63-0804560

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VD	FANNON, DAVID J	0110 OLD SHELL RD	MOBILE, ALABAMA AL 36607
PD	BACHELOR, LARRY B	3110 OLD SHELL ROAD	MOBILE, ALABAMA 00000
XP	TRUE, WILLIAM RICHARD	3110 OLD SHELL RD	MOBILE AL 36607
ST	FULLER, JOHN F	3110 OLD SHELL RD	MOBILE AL 36607
V	Rhodes, Don	3110 OLD SHELL ROAD	MOBILE, AL 36607
V	Stokely, Don	3110 OLD SHELL ROAD	MOBILE, AL 36607
V	Nobles, Stewart	3110 OLD SHELL ROAD	MOBILE, AL 36607

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

100023857781

10/16/03--01059--019 **750.00

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. or 617.0505, F.S.

Signature of Registered Agent

Rachel T. Hayes
REGISTERED AGENT MUST SIGN

RACHEL T. HAYES
ASSISTANT SECRETARY

Date

10/15/03

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03
Date

251-470-6800
Daytime Phone #

CR2E040 (7/03)