


2007 FOR PROFIT CORPORATION REINSTATEMENT

| | |
|---|---|
| DOCUMENT # F05000001609 1. Entity Name SMITH'S MECHANICAL, INC. |  |
|---|---|

FILED

07 OCT 29 PM 1:24

TALLAHASSEE, FLORIDA



REINSTATEMENT 10952007 REINSTATEMENT 098 (1/07) 07

| | |
|--|--|
| Principal Place of Business 2501 HAMMOCK ROAD MOBILE, AL 36605 | Mailing Address 2501 HAMMOCK ROAD MOBILE, AL 36605 |
|--|--|

| | |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|-----------------------------|--|
| 4. FEI Number 63-0707702 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent LIGHTKEP, RICHARD J 363 MIZZER LANE PENSACOLA, FL 32507 | 7. Name and Address of New Registered Agent Name <u>Richard J. Lightkep</u> Street Address (P.O. Box Number is Not Acceptable) <u>5031 Challenger Way</u> City <u>Pensacola</u> FL Zip Code <u>32507</u> |
|--|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature] 10/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SMITH, AUDIE R <input type="checkbox"/> Delete 2481 HAMMOCK ROAD MOBILE, AL 36605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SMITH, RICHARD E <input type="checkbox"/> Delete 9975 BRIARCLIFF DRIVE NORTH MOBILE, AL 36608 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SMITH, SUE <input type="checkbox"/> Delete 2481 HAMMOCK ROAD MOBILE, AL 36605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>10/31</u> <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700111463577 10/29/07--01067--021 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 10/31/07 251443-6293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #