

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 18 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F32862

1. Corporation Name

Superior Mechanical Contractors

2. Principal Office Address

113 Progress Drive
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 20361
Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Tallahassee, FL

Zip

32304

Country

USA

Zip

32316

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2089998

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Fred R. Mohrfeld

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

296 Pine Lane

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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

Fred R. Mohrfeld

REGISTERED AGENT MUST SIGN

Date

1/18/05

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
Pres	Robert W Mohrfeld	1004 Rosemary Terr.	Tallahassee, FL 32304
VP	Fred R. Mohrfeld	296 Pine Lane	Crawfordville, FL 32327

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:

Fred R. Mohrfeld Fred R. Mohrfeld

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/18/05 (850) 510-8343

Daytime Phone #

CR2E081 (01/04)

January 18, 2005

To Whom It Concerns:

My mother, Mary Helen Mohrfield, handled the yearly renewal of cooperation. In January of 2003 she was diagnosed with throat cancer and died June 24, 2004. We did not realize that these renewals had not been made. I ask that you please understand our situation and take into consideration our company's history that we work hard to meet all the requirements and regulations in operating our business.

Sincerely Yours
Ted R Mohrfield VP
Superior Mechanical Contractors