

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 19 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F39181**

1. Corporation Name

ALLEN'S MECHANICAL SERVICE, INC.

Principal Place of Business

Mailing Address

C/O CHARLES H ALLEN
5585 CRAWFORDVILLE RD
TALLAHASSEE FL 32310

C/O CHARLES H ALLEN
5585 CRAWFORDVILLE RD
TALLAHASSEE FL 32310

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1981

5. FEI Number

59-2093327

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ALLEN, CHARLES H	P.O. BOX 7516	TALLAHASSEE FL 32314
EVP	ALLEN, CHARLES H. JR.	6025 REDFIELD CIRCLE PO BOX 7516	TALLAHASSEE FL 32314
Sec Treas	DORINE ALLEN	1340 Westway Rd	Tallahassee FL 32314
			900003441419--4 -10/27/00--01005--009 ****750.00 ****750.00

REINSTATEMENT

100

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALLEN, CHARLES H
5585 CRAWFORDVILLE ROAD
TALLAHASSEE FL

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

Charles H. Allen **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10-19-00**

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)(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:

Charles H. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-00
Date

850878-1411
Daytime Phone #

CR20040 (8/00)