

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 24 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F58841

1. Corporation Name

SOUTHEAST MECHANICAL CONTRACTORS OF TAMPA, INC

Principal Place of Business

Mailing Address

4512 W CREST AVE
TAMPA FL 33614

4512 W CREST AVE
TAMPA FL 33614



REINSTATEMENT 2000

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

12/07/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2146066

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
ST	FRONTEROTTA, DAWN	4512 W CREST AVE	TAMPA FL
D	COTTOM, J H	2113B NORTH CITRUS BLVD	LEESBURG FL
D	CATRON, WILLIAM L	4512 W CREST AVE	TAMPA FL
P	SCOTT, ELLIOTT S.	4512 W. CREST AVENUE	TAMPA FL
VP	DRAPER, SCOTT	4512 W CREST AVE	TAMPA FL
300003455453--2 -11/07/00--01090--001 ***750.00 ***750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CATRON, WILLIAM L
4512 W. CREST AVENUE
TAMPA FL 33614-3430

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-13-00

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #