PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 NOV 13 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F64810

1. Corporation Name

AIR MECHANICAL & SERVICE CORP.

Principal Place of Business	Mailing Address
4311 W. IDA ST. TAMPA FL 33614	4311 W. IDA ST. TAMPA FL 33614

800002689438--8
-11/17/98--01048--022
****758.75 ****758.75

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: 01/27/1982

5. FEI Number: 59-2158902 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	BYERS, LINDSAY W.	~~4910 PENNSBURY DR.~~ 3718 Palmira Street	TAMPA FL
V	SPAW, HAROLD T.	2806 W. SITKA	TAMPA FL
~~T~~ V	WILDER, ROBERT	10727 DOWRY AVE.	TAMPA FL
~~S~~ S/T	BYERS, WARREN B.	13440 BELLINGHAM DR	TAMPA FL
V	BYERS, JOHN L.	~~2406 A TERESA CIR~~ 2530 Tennessee Ave.	TAMPA FL
~~V~~ V	~~SPAW, GARY T.~~ McArthur, Ted	~~9219 VENTANA LN~~ 4229 Truman Drive	~~ORLANDO FL~~ Tampa, Fl

B 11/16/98

8. Name and Address of Current Registered Agent

BYERS, LINDSAY W.
4910 PENNSBURY DR.
TAMPA FL 33624

Designation of New Registered Agent

Name: REINSTATEMENT 98

Street Address (P.O. Box Number is Not Acceptable): 3718 Palmira Street

Suite, Apt. #, Etc.:

City: Tampa | State: FL | Zip Code: 33629

CR2E040 (9/98)

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: Lindsay W. Byers SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN

Date: 11/12/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Lindsay W. Byers SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/98 (813) 875-0782
Date Daytime Phone #