FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 01 FEB 1 PM 1:05

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

DOCUMENT # F76229

1. Corporation Name

Southeastern Mechanical Services, Inc.

800088 11208
12/28/03--01038--014 **150.00

REINSTATEMENT 02-03

2. Principal Office Address		**3.** Mailing Office Address	
2111 W. Beaver Street		2111 W. Beaver Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Jacksonville, Florida		Jacksonville, Florida	
Zip	Country	Zip	Country
32209	USA	32209	USA

4. Date Incorporated or Qualified To Do Business in Florida 4/13/82

5. FEI Number 59-2205287 ☐ 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: E. Allen Hieb, Jr. 11/05/02 01096 010 $750.00

Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd.

Suite, Apt. #, Etc.: Suite 1500

City: Jacksonville | State: FL | Zip Code: 32207

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: E. Allen Hieb E. Allen Hieb Date: 12/5/2002 2/5/03

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
D/P	G. Barry Skitsko	2111 W. Beaver Street	Jacksonville, Florida 32209
V	James B. Loznicka	2111 W. Beaver Street	Jacksonville, Florida 32209

10. I certify that I am an officer or director of 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: 2/5/03 G. Barry Skitsko 12-5-2002 904-358-1701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #