

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -3 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600074534876
05/14/06--01001--007 **750.00

DOCUMENT # F91000004646

1. Corporation Name

Triad Mechanical, Inc.

2. Principal Office Address

602 Randolph Street

Suite, Apt. #, etc.

PO Box 188

City & State

Thomasville, NC

Zip

27360

Country

Davidson

3. Mailing Office Address

Suite, Apt. #, etc.

PO Box 188

City & State

Thomasville, NC

Zip

27361

Country

Davidson

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

56-1940264

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William P. Guy

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

1485 Ormounds Jungle Den Rd.

Suite, Apt. #, Etc.

City

Astor

State

FL

Zip Code

32102

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

Date

4/28/06

REGISTERED AGENT MUST SIGN

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.	William P Guy	1485 Ormounds Jungle Den Rd	Astor, FL 32102
Treas.	Edith J Guy	1485 Ormounds Jungle Den Rd	Astor, FL 32102

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William P. Guy

Date

4/28/06

Daytime Phone #

352-267-0603