PI FASE READ	ALL INS	FRI ICTIONS	BEFORE (ING THIS FORM.		
APPLICATION FOR REINSTATEMENT	FLORIC	A DEPARTME Sandra B. Mon Secretary of S IVISION OF CORPO	NT OF STATE t ham State			,	
DOCUMENT # F97000006260				98 DEC -4 PM L: 17			
MECHANICAL SERVICE GROUP, INC				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 12165 METRO PARKWAY, STE28 12165 METRO PARKWAY STE 28 FORT MYERS, FL 33912 FORT MYERS, FL 33912							
f above addresses are incorrect in any way, line through incorrect information and enter New Principal Office Address, If Applicable 3. New Mailing Office Address, I				4. Date Incorpo	orated or Qualified		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			To Do Business in Florida 11 / 34 / 97 5. FEI Number Applied For			
City & State	City & State				74-2865430 Not Applicable		
Zip Country	Zíp	Countr	у	GERTIFICATE		dditional Fee required Certificate of Status	
Title(s) and/or Directors Off			ations must list at lea eet Address of Each licer and/or Director se Post Office Box N	31	000027065 4 -12/09/98 ²⁻⁸ 010	33U 103047	
P STOTT, PATRICK T 1210		12165 Me				₹¥¥750 <u>.00</u> 33972-	
1		1	_	*	FORT MYERS, FL	33912	
CD BEITTENMILLER, JG 777 POS		ľ			HOUSTON, TX	77056	
					HOUSTON, TX	77056	
V O'BRIEN, PETER 777 POST		777 Post C	PAK BLUD, S	re 500	HOUSTON, TX	77056	
8. Name and Address of Current Registered Agent			Name-	9. Name and A	ddress of New Registered Agen		
CORPORATION SERVICE COMPANY				.O. Box Number i	s Not Acceptable	CRZEGOID (1.38	
1201 Hays TALLAHASSEE, FL 32301				AIEM			
10. I, being appointed the registered agent of the above named conogration, am familiar with and accept the obligations of Section 607.0505, F.S.							
Signature of Agent Agent Agent REGISTERED AGENT MUST SIGN Date 12-1-98						7	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No U (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: 51 1 30 98 (7/3) 830-9600							