

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F98000003530

1. Entity Name
CENTRAL MECHANICAL, INC.



Principal Place of Business
2826 MINE & MINERAL ROAD
LAKELAND, FL 33801

Mailing Address
2826 MINE & MINERAL ROAD
LAKELAND, FL 33801

FILED
04 OCT 29 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10262004

REIN-P

CR2E098 (6/04)

City & State

City & State

4. FEI Number

74-2880216

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPAS ☐ Delete
NAME GEORGE, WILLIAM
STREET ADDRESS 777 POST OAK BLVD., STE. 500
CITY-ST-ZIP HOUSTON, TX 77056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200042314432
10/29/04--01054--006 **150.00

TITLE VPS ☐ Delete
NAME BEITTENMILLER, J. G
STREET ADDRESS 777 POST OAK BLVD., STE. 500
CITY-ST-ZIP HOUSTON, TX 77056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME HONEYCUTT, MILBURN
STREET ADDRESS 777 POST OAK BLVD., STE. 500
CITY-ST-ZIP HOUSTON, TX 77056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME GRAMMER, JENNIFER A
STREET ADDRESS 799 BENNETT DR.
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME SANCHEZ, MICHAEL
STREET ADDRESS 777 POST OAK BLVD., STE. 500
CITY-ST-ZIP HOUSTON, TX 77056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME MARTIN, JOHN
STREET ADDRESS 794 BRIGETT DR
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-04

713-830-9600

Date

Daytime Phone #