

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -1 AM 11:12

DOCUMENT # F98000003687

1. Corporation Name

RJ MECHANICAL, INC.

REINSTATEMENT

06

CR2E081 (12/05)

2. Principal Office Address

3153 BELLWOOD DRIVE

3. Mailing Office Address

3153 BELLWOOD DRIVE

Suite, Apt. #, etc.

120

Suite, Apt. #, etc.

120

City & State

BIRMINGHAM, AL

City & State

BIRMINGHAM, AL

Zip
35243-5216

Country

UNITED STATES

Zip
35243-5216

Country

UNITED STATES

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 29, 1998

5. FEI Number

63-1197649

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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Jennifer F. Aultman
Assistant Secretary

Date 10/30/2006

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
P	SANDLIN, RUSSELL K.	3153 BELLWOOD DRIVE	BIRMINGHAM, AL 35243
VP	MARTIN, JOSEPH D.	3153 BELLWOOD DRIVE	BIRMINGHAM, AL 35243

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11/01/06--01041--010 **750.00

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-06