

2008 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

08 MAR -4 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 078

DOCUMENT # G44876 1. Entity Name BILL'S MECHANICAL SERVICES, INC.					
Principal Place of Business 4682 E. HIGHWAY 20 NICEVILLE, FL 32578-9794			Mailing Address 4682 E. HIGHWAY 20 NICEVILLE, FL 32578-9794		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 312 N. Cedar Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Niceville FL		4. FEI Number 59-2314879	
Zip 32578	Country	Zip 32578	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORBITT, JOAN G 4682 HWY 20 NICEVILLE, FL 32578				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.183(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 NAME STREET ADDRESS CITY-ST-ZIP	ST CORBITT, JOAN G. 1624 MOORE ST NICEVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 100119359381 03/04/08--01016--018 **300.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORBITT, PATRICIA 312 N CEDAR AVE NICEVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORBITT, BILLY S 1624 MOORE ST NICEVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.					
SIGNATURE: <i>X Joan G. Corbett</i>			2-29-08 850-729-2123		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		