

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV 12 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G52885**

1. Corporation Name
J.C. MECHANICAL ENTERPRISES, INC.

Principal Place of Business
**13730 W. STATE RD. 84
DAVIE FL 33325**

Mailing Address
**13730 W. STATE RD. 84, SUITE 266
DAVIE FL 33325**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **59-2315885**

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	CROOKE, JAMES R	12480 SW 7 PLACE	DAVIE FL 33325
D	CROOKE, RENEE M.	12480 SW 7 PLACE	DAVIE FL 33325

000002348130--2
-11/14/97--01109--019
*****8.75 *****8.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

**KIAR, MONROE D., ESQUIRE
7831 SOUTHWEST 45TH STREET
DAVIE FL 33328**

9. Name and Address of New Registered Agent

Name **000002348130--2**
Street Address (P.O. Box Number is Not Applicable)
-11/14/97--01109--020
*****8.75 *****8.75

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Monroe D. Kiar
REGISTERED AGENT MUST SIGN

Date **11/10/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(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:

Renee M. Crooke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/97
Date

4728590
Daytime Phone #

CR25040 (8/97)