

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

97 NOV -5 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G91782

1. Corporation Name

MECHANICAL CONTROLS CORPORATION

Principal Place of Business

% HARRY G. ASTON
3350 ULMERTON RD UNIT 24
CLEARWATER FL 34622

Mailing Address

% HARRY G. ASTON
3350 ULMERTON RD UNIT 24
CLEARWATER FL 34622



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **33762** Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/1984

5. FEI Number

59-2386240

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	ASTON, HARRY G.	3350 ULMERTON ROAD	CLEARWATER FL
VD	MONTGOMERY, ROSS	3350 ULMERTON RD.	CLEARWATER FL
			7000002340907--4 -11/06/97--01119--002 ****750.00 ****750.00

REINSTATEMENT 97

8. Name and Address of Current Registered Agent

ASTON, HARRY G.
3350 ULMERTON ROAD
SUITE 14
CLEARWATER FL 34622

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
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 *Harry G. Aston*
REGISTERED AGENT MUST SIGN

Date **11-4-97**

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:

Harry G. Aston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-4-97 **813 - 573-2300**

CP2E040 (8/97)