2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H70549

FILED Oct 19, 2004 Secretary of State

Entity Nan	ne: C&CME	CHANICAL CONTRACTORS	INCORPORATED		
Current Principal Place of Business:			New Principal Place of Business:		
	ST THARPE SEE, FL 323				
Current Mailing Address:			New Mailing Address:		
	ST THARPE SEE, FL 323				
FEI Number:	59-2562772	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
LEWIS, NEELY L. 3143 BW TARPE ST. TALLAHASSEE, FL 32303 US			LEWIS, NEELY L. 3143-B WEST THARPE ST. TALLAHASSEE, FL 32303 US		
The above in the State		submits this statement for the p	ourpose of changing its regist	tered office or registered agent, or both,	
SIGNATURE: NEELY L. LEWIS				10/19/2004	
	Electror	ic Signature of Registered Ago	ent	Date	
Election Can	npaign Financing	3(2)(b), F.S., the corporation did no g Trust Fund Contribution().	·	NOTE TO OFFICERS AND DIRECTORS.	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	PD () LEWIS, NEELY	Delete	Title: Name:	() Change () Addition	
Address:	6629 MAN O W	AR TRAIL	Address:		
City-St-Zip:	TALLAHASSEE	, FL 32309	City-St-Zip:		
Title:		Delete	Title:	() Change () Addition	
Name: Address:	BRADY, ERIC 8700 OPAL DR		Name: Address:		
City-St-Zip:	TALLAHASSEE		City-St-Zip:		
Title:	T ()	Delete	Title:	() Change () Addition	
Name: Address:	GARNER, RAN 5704 HAVANA I		Name: Address:		
City-St-Zip:	HAVANA, FL 3:		City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEELY L. LEWIS PD 10/19/2004