

L23400442968

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
MECHANICA ENGINEERING, LLC**


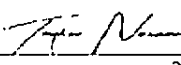
Certificate of Status	0
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Page Count	02
Estimated Charge	\$238.75

S. FRANKLIN
AUG 16 2024

BA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L23000442968					
1. Limited Liability Company's Name MECHANICA ENGINEERING, LLC					
2. Principal Office Address - No P.O. Box # 2975 Limpet Ct		3. Mailing Office Address 7901 4th St N		4. State/Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 300		5. Date Organized or Qualified To Do Business in Florida 09/22/2023	
City & State INDIALANTIC, FL		City & State St. Petersburg, FL		6. FEI Number 93-3748270	
Zip 32903	Country US	Zip 33702	Country US	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent					
Name Northwest Registered Agent LLC					
Street Address (P.O. Box Number is Not Acceptable) Suite 7901 4th St N					
Apt. #, Etc. STE 300					
City St. Petersburg		State FL	Zip Code 33702		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent 				Date 08/16/2024	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
AMBR	Dumitru, Alexandru	2975 Limpet Ct		INDIALANTIC, FL 32903	
11. E-mail Address: <u>flfilings@northwestregisteredagent.com</u> (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
Signature of authorized representative/member <u>Alexandru Dumitru</u>				Date <u>08/16/2024</u> Daytime Phone # <u>509-768-2249</u>	
Typed or printed name of signing authorized representative/member <u>Alexandru Dumitru</u>					

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CLERK OF COURT

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