Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000320969 3)))

H17000320969 3ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : HOLBROOK, AKEL, COLD, RAY & REICHARD,P.A.
Account Number : I20020000128
Phone : (904)356-6311
Fax Number : (904)356-7330

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

Email Address: _____

CORPORATION REINSTATEMENT

APPLIED MECHANICAL EQUIPMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	~~01~~ 3
Estimated Charge	$750.00

DEC 08 2017

R. HUNT

Electronic Filing Menu Corporate Filing Menu Help

FILED

2017 DEC -8 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #L67819

1. Corporation Name
APPLIED MECHANICAL EQUIPMENT, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11455 SAINTS ROAD	11455 SAINTS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32246-3826 Country: US	Zip: 32246-3826 Country: US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 23, 1990

5. FEI Number: 59-3004678 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75; Additional Fee is required to order a Certificate of Status

7. Name and Address of Current Registered Agent

Name: H. LEON HOLBROOK, III

Street Address (P.O. Box Number is Not Acceptable): ONE INDEPENDENT DRIVE

Suite, Apt. #, Etc: SUITE 2301

City: JACKSONVILLE State: FL Zip Code: 32202

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 12-7-17

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DST	L. LANE JACKINS	11455 SAINTS RD.	JACKSONVILLE, FL 32246-3826
D	MARJORIE K. JACKINS	11455 SAIINTS RD.	JACKSONVILLE, FL 32246-3826
DP	ROBERT D. MCCLURE	11455 SAINTS RD.	JACKSONVILLE, FL 32246-3826
	REINSTATEMENT	DEC 08 2017	EFFECT

10. E-mail Address: ljackins@amejax.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, 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.617.155, F.S.

SIGNATURE: _____ 12-7-17

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #