M95000000247

Florida Department of State
Division of Corporations
Public Access System

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.

(((H05000197880 3)))

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)205-0381

REINSTATEMENT 04.05

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

RECEIVED
05 AUG 18 AM 7:44
DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

MCC MECHANICAL REGIONAL, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$205.00

FILED
05 AUG 18 AM 8:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu Corporate Filing Public Access Help

Cashier AUG 19 2005

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 18 AM 8:44

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M95000000247

1. Limited Liability Company's Name
MCC Mechanical Regional, L.L.C.

2. Principal Office Address	3. Mailing Office Address
3001 17th Street	P.O. Box 7460
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Metairie, Louisiana	City & State: Metairie, Louisiana
Zip: 70002 Country: U.S.A.	Zip: 70010 Country: U.S.A.

4. State/Country of Formation: Louisiana

5. Date Organized or Qualified To Do Business in Florida: 8/17/1995

6. FEI Number: 72-1298785 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Denise Bell REGISTERED AGENT MUST SIGN Assistant Secretary Date: 8/17/05

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Joseph A. Jaeger, Jr.	3001 17th Street	Metairie, LA 70002

CR2E041 (1/06)

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.408, 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.

Signature of Managing Member/Manager: Joseph A. Jaeger, Jr. Date: 8/15/05 Daytime Phone #: 504-830-4250

Typed or printed name of signing Managing Member/Manager: Joseph A. Jaeger, Jr.

FLR110 - 05/03/04 CT System Online