

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-6383

REINSTATEMENT

04.05

From:

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

RECEIVED

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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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Corporate Filing

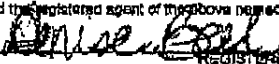
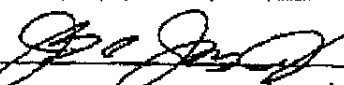
Public Access Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 3001 17th Street Suite, Apt #, etc.		3. Mailing Office Address P.O. Box 7460 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 ☒ \$200 Additional Fee required for a Certificate of Status			

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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 Assistant Secretary	Date 8/17/05	REGISTERED AGENT MUST SIGN
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Joseph A. Jaeger, Jr.	3001 17th Street	Metairie, LA 70002
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 this 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 		Date 8/15/05	Daytime Phone 504-830-4250
Typed or printed name of signing Managing Member/Manager Joseph A. Jaeger, Jr.			