

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000023910

1. Corporation Name

E & D MECHANICAL CORP.

Principal Place of Business

5355 TOWN CENTER RD., THE PLAZA, STE. 801
BOCA RATON FL 33486

Mailing Address

5355 TOWN CENTER RD., THE PLAZA, STE. 801
BOCA RATON FL 33486

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2000

5. FEI Number

65-1003624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 - Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GROSSMAN, EDYTHE	20020 SAW GRASS LANE # 4903	BOCA RATON FL 33434
VP	GROSSMAN, MYRON	20020 SAWGRASS LANE # 4903	BOCA RATON FL 33434

600032266306
04/09/04-01036-003 **150.00

600032266306
05/06/04-01067-013 **167.50

8. Name and Address of Current Registered Agent

ENGELHARD, SHELDON ESQ.
~~5355 TOWN CENTER RD., THE PLAZA, STE. 801~~
~~BOCA RATON FL 33486~~

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7900 Glades Rd.,

Suite, Apt. #, Etc.

330

City

Boca Raton

State

FL

Zip Code

33434-4104

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Sheldon Engelhard
REGISTERED AGENT MUST SIGN

Date

3/25/04

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Edythe Grossman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 5, 2004

Daytime Phone #

CR2040 (7/03)

PAID

E&D Mechanical Corp. C/O Sheldon Englehard
7900 Glades Road - Suite # 330
Boca Raton, Florida 33434

Gentlemen:

Please be advised that we never received forms for filing the annual reports. As you can see the registered agent moved and this is the first correspondence sent. We are enclosing a check for \$150.00 to reinstate the Corporation. Thank you for your cooperation in this matter.

Very truly yours

Edythe Grossman
Edythe Grossman

PLEASE SEND 2 CERTIFICATES OF STATUS