

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 26 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P0000074352

1. Corporation Name

Quiett Mechanical Contracting, Inc.

2. Principal Office Address

9480 SE State Rd 100

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1204

Suite, Apt. #, etc.

City & State

Starke, FL

City & State

Keystone Heights, FL

Zip

32091

Country

USA

Zip

32656

Country

USA

4. Date Incorporated or Qualified

--To Do Business in Florida-- 10-11-2001

5. FEI Number

593748286

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT 03**

7. Name and Address of Current Registered Agent

Name

Steven E Sellers c/o Sellers Law Firm, P.L.

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

537 East Park Ave

500025769785

12/22/03 01019 003 \*\*750 00

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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 12/22/2003

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
Pres-	Walter J. Quiett Sr.	9480 SE State Rd 100	Starke FL 32091

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-03

Date

(904) 545-5131

Daytime Phone #

CR2E081 (10/02)