

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 17 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

900000107425

1. Corporation Name

MECHANICAL SERVICES OF
SOUTHWEST FLORIDA, INC.

2. Principal Office Address

433 SUNSET DR

3. Mailing Office Address

433 SUNSET DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD FL

City & State

ENGLEWOOD FL

Zip

34223

Country

USA

Zip

34223

Country

USA

4. Date Incorporated or Qualified
To Do Business In Florida

11-12-2000

5. FEI Number

65-1075742

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WALLACE, LYLE

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

433 SUNSET DR

Suite, Apt. #, Etc.

City

ENGLEWOOD

State

FL

Zip Code

34223

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

L. Wallace

Date 04-11-03

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 |
|--------|--------------------------------------|---|---------------------|
| DPS | WALLACE, LYLE | 433 SUNSET DR | ENGLEWOOD, FL 34223 |
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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:

LYLE WALLACE
L. Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-03

Date

941 270-0048

Daytime Phone #

CRZE001 (10/02)