

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -3 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # P01000057844**

1. Corporation Name

CENTRAL FLORIDA MECHANICAL SERVICES, INCORPORATED

501 South Falkenburg Rd.
P.O. Box 89384

2. Principal Office Address

501 South Falkenburg Rd.

3. Mailing Office Address

P.O. Box 89384

Suite, Apt. #, etc.

Suite C-13

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33619

Country

USA

Zip

33689-9384

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/11/2001

5. FEI Number
593726463

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

William J. Rahuba

Street Address (P.O. Box Number is Not Acceptable)
10263 Breezeway Place

Suite, Apt. #, Etc.

City

Boca Raton

State
FLZip Code
33428

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0603, F.S.

Signature of
Registered Agent*William J. Rahuba*

Date 11/15/04

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Clayton R. Rose	2216 Laurel Oak Drive	Valrico, Florida 33594

20042841372
11/17/04--01062--009 **300.00

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)(f), 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:

Clayton R. Rose

President 11/15/2004

813 -

661-3515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

B

Central Florida Mechanical Services, Inc. ^{2 of 2}

501 SOUTH FALKENBURG ROAD, SUITE C-14, P.O. BOX 89384, TAMPA, FLORIDA 33689-9384.
PHONE: (813) ~~849-6387~~ FAX: (813) ~~849-6376~~ EMAIL: CENTFLAMECH@AOL.COM

661-3515 CERTIFIED MINORITY CONTRACTOR
601-3644

Date: 12/1/2004

To: The Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

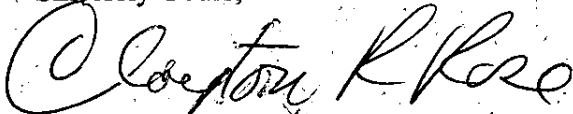
Ref. Number: P01000057844

To whom it may concern,

Please be advised that I or My Company did not receive notice of corporation fees due in the year 2003. I am respectfully requesting that the penalty fees be waived for the reinstatement of our corporation.

Thank you for your cooperation in this matter.

Sincerely Yours,



Clayton R. Rose, president