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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

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
501 South Falkenburg Rd.	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: 593726483 ☐ 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: FL Zip Code: 33428

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: 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)

Titles	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

100042841372
11/1?/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)(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: Clayton R Rose President 11/15/2004 813-661-3515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Central Florida Mechanical Services, Inc.

501 SOUTH FALKENBURG ROAD, SUITE C-14, P.O. BOX 89384, TAMPA, FLORIDA 33689-9384
PHONE: (813) ~~849-6381~~ FAX: (813) ~~849-0376~~ EMAIL: CENTFLAMECH@AOL.COM
661-3515 CERTIFIED MINORITY CONTRACTOR
661-3644

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 reinstatment of our corporation.

Thank you for your cooperation in this matter.

Sincerely Yours,

Clayton R Rose

Clayton R. Rose, president