PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JAN -9 PM 2:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-04

300026606833
01/09/04--01044--024 **900.00

DOCUMENT # P02000105547

1. Corporate Name: Pyramid Mechanical Inc
1329 SW Maplewood Dr.
Port Saint Lucie, FL 34986

2. Principal Office Address: 1329 SW Maplewood Dr.
Apt. #, etc.:
City & State: Port Saint Lucie, FL
Country: Port Saint Lucie USA
Zip: 34986

3. Mailing Office Address: 1329 SW Maplewood
Suite, Apt. #, etc.:
City & State: Port Saint Lucie, FL
Country: Port Saint Lucie USA
Zip: 34986

4. Date Incorporated or Qualified To Do Business in Florida: 9/2/02

5. FEI Number: 01-110038806 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND ROAD
Suite, Apt. #, Etc.:
City: PLANTATION State: FL Zip Code: 33324

Having been 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: PETER F. SOUZA ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN
Date: 12/30/03

CR2E061 (10/02)

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

	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1000	LARRY Martin	1329 SW Maplewood Dr.	Port Saint Lucie, FL 34986

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: Larry L Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/6/04

772 285-8972
Daytime Phone #