

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000124080**

1. Corporation Name

SOUTHWEST MECHANICAL, INC.

Principal Place of Business

Mailing Address

3808 W. GRANADA ST.
TAMPA FL 33629
US

3808 W. GRANADA ST.
TAMPA FL 33629
US



200023979492
10/21/03--01093--027 **150.00*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/20/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

74-3069486

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HERNANDEZ, RODOLFO JR	3808 W. GRANADA ST.	TAMPA FL 33629
VP	HERNANDEZ, RODOLFO SR	4217 E. 98TH AVE	TAMPA FL 33617
SEC	HERNANDEZ, DANIELLE	3808 W. GRANADA ST.	TAMPA FL 33629
TREA	HERNANDEZ, RODOLFO JR	3808 W. GRANADA ST.	TAMPA FL 33629

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNANDEZ, RODOLFO JR
3808 W. GRANADA ST.
TAMPA FL 33629

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10.15.03

11. 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rodolfo Hernandez Jr

10.15.03

Date

813.805.6442

Daytime Phone #

CR2E040 (7/03)

Payroll

SOUTHWEST MECHANICAL, INC.
3808 W. GRANADA ST.
TAMPA, FL. 33629
813-80-37-4545
813-805-6462 FAX

October 16, 2003

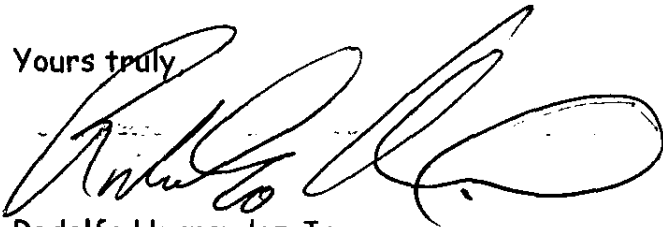
Florida Department of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Madam;

Enclosed you will find our check in the amount of \$150.00 for the Annual Report fee along with the Application for Reinstatement. We are sending the \$150.00 as we never received the original Annual Report application.

Thank you for your attention in this matter.

Yours truly



Rodolfo Hernandez Jr.
SOUTHWEST MECHANICAL, INC.

Rh/dsh