

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000019729

FILED  
Oct 20, 2004  
Secretary of State

Entity Name: SOUTHEAST MECHANICAL SYSTEMS, INC.

## Current Principal Place of Business:

12644 SAN JOSE BLVD.  
JACKSONVILLE, FL 32223

## New Principal Place of Business:

2045 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207

## Current Mailing Address:

12644 SAN JOSE BLVD.  
JACKSONVILLE, FL 32223

## New Mailing Address:

2045 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32207

FEI Number: 05-0554916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PORTER, SHARON  
12758 MUIRFIELD BLVD. SO.  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

PORTER, SHARON  
1340 TRAILWOOD DRIVE  
NEPTUNE BEACH, FL 32266 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHARON PORTER

10/20/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: REES, EVERETTE W  
Address: 8467 SANTANA COURT  
City-St-Zip: JACKSONVILLE, FL 32220

Title: D ( ) Delete  
Name: PORTER, MICHAEL  
Address: 12758 MUIRFIELD BLVD. S.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Delete  
Name: PORTER, SHARON  
Address: 12758 MUIRFIELD BLVD. S.  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: PORTER, SHARON R  
Address: 1340 TRAILWOOD DR  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON PORTER

VP

10/20/2004

Electronic Signature of Signing Officer or Director

Date