

2006 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000109027

1. Entity Name
J L MECHANICAL, INC.



Principal Place of Business
9292 CHELSEA DR SOUTH
PLANTATION, FL 33321

Mailing Address
9292 CHELSEA DR SOUTH
PLANTATION, FL 33321

FILED

2006 OCT 19 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10182006 REIN-P CR2E098 (11/05)

4. FEI Number
35-2214784

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LITVIN, JAMES B
9292 CHELSEA DR SOUTH
PLANTATION, FL 33321

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete
NAME LITVIN, JAMES B
STREET ADDRESS 9292 CHELSEA DR SO
CITY-ST-ZIP PLANTATION, FL 33321

TITLE DV ☒ Delete
NAME MENDOZA PINZON, ALEXANDER
STREET ADDRESS 10760 NW 40 ST
CITY-ST-ZIP SUNRISE, FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J B Litvin President

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

10/18/06 (954)448-0639

Date Daytime Phone #