

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000162699</b> 1. Entity Name <b>SHUMATE MECHANICAL SERVICES WEST COAST, INC.</b>						<b>FILED</b> <b>05 SEP 30 PM 2:19</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>150 HOPE STREET UNIT 1016 LONGWOOD, FL 32750-5120</b>				Mailing Address <b>150 HOPE STREET UNIT 1016 LONGWOOD, FL 32750-5120</b>			
2. Principal Place of Business <b>30435 Commerce Dr.</b> Suite, Apt. #, etc. <b>Suite #104</b> City & State <b>San Antonio, FL</b> Zip <b>33576-8003</b>		3. Mailing Address <b>30435 Commerce Dr.</b> Suite, Apt. #, etc. <b>Suite #104</b> City & State <b>San Antonio, FL</b> Zip <b>33576-8003</b>		 <b>REINSTATEMENT 2005</b>		4. FEI Number <b>20-1961733</b>	
Country <b>USA</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CONLEY, ERIC 150 HOPE STREET UNIT 1016 LONGWOOD, FL 32750-5120</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Eric Conley</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>C. Eric Conley, Registered Agent</b>				<b>09/29/05</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CONELY, C ERIC</b> <b>150 HOPE STREET UNIT 1016</b> <b>LONGWOOD, FL 327505120</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300060244643</b> <b>10/05/05--01010--005 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Eric Conley</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>C. Eric Conley, Director</b>		<b>09/29/05</b> <small>Date</small>		<b>407-265-0777</b> <small>Daytime Phone #</small>	