

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 AUG 26 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT #

106241

1. Corporation Name

Mechanical Industries, Inc.

2. Principal Office Address

2920 Pacific Drive

Suite, Apt. #, etc.

City & State

Norcross, GA

Zip

30071

Country

USA

3. Mailing Office Address

P.O. Box 2203

Suite, Apt. #, etc.

City & State

Norcross, GA

Zip

30091

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/30/1985

5. FEI Number

58-1491972

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 94-02

7. Name and Address of Current Registered Agent

Name

CT 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

8. I, being 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**

Shelly Savage

REGISTERED AGENT MUST SIGN

Date 08/22/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Ron W. Berry	2109 Pinetree Drive, C-20	Buford, GA 30518
VP	Barbara W. Bass	845 Longwood Lane	Alpharetta, GA 30004

10. 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)(l), 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:

Barbara W. Bass

Barbara W. Bass, VP

08/23/02

770-441-8203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

7-8/27/02