

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P08788**

1. Corporation Name

**AMPAM MILLER MECHANICAL, INC.**

Principal Place of Business

1976 AIRPORT INDUSTRIAL PARK DRIVE  
MARIETTA GA 30062

Mailing Address

1976 AIRPORT INDUSTRIAL PARK DRIVE  
MARIETTA GA 30062

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip **30060**

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip **30060**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/23/1986**

5. FEI Number

**58-1303603**

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MILLER, JOSEPH E	1976 AIRPORT IND PK DR	MARIETTA GA 30060
SP	MILLER, ALICE M	1244 TIMBERLAND DRIVE 1976 Airport Ind. Pk. Dr.	MARIETTA GA 33060
D	CHRISTIANSON, ROBERT A	1976 AIRPORT IND PK DR	MARIETTA GA 33060
DTSV	BAGGETT, DAVID C	1076 AIRPORT IND PK DR 1950 Louis Henna Blvd.	MARIETTA GA 30060 Round Rock, TX. 78664
Asst. Sec	Davis, Angelique	1950 Louis Henna Blvd.	Round Rock, TX. 78664
S	Wimberley, Carl	1950 Louis Henna Blvd.	Round Rock, TX. 78664

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  
Zip Code

**300004721493--4**  
**12/13/01--01006--012**  
**\*\*\*\*750.00 \*\*\*\*750.00**  
**FL**

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

**KIRK HOOD**  
**ASSISTANT SECRETARY**

Date **Nov 30, 2001**

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:

**Angelique Davis, ABST. SEC.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12-03-01**

Daytime Phone # **512.246.5275**