

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 NOV -4 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11000019938

1. Corporation Name

E.V.G.MECHANICAL CORP

2. Principal Office Address - No P.O. Box #

2782 SW 30 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

2782 SW 30 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33133

Country

USA

City & State

MIAMI FLORIDA

Zip

33133

Country

UA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/2011

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Edith E Navarro

Street Address (P.O. Box Number is Not Acceptable)

5862 West Flagler Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

100252932091
11/05/13--01011--020 **\$8.75

100252932091
10/16/13--01024--004 **\$750.00

100252932091
11/05/13--01011--019 **\$150.00

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

Edith E Navarro

Date **10/14/2013**

REGISTERED AGENT MUST SIGN

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
P	ERVIN A VILLAREAL	2782 SW 30 AVENUE	MIAMI FLORIDA 33133

REINSTATEMENT

NOV 04 2013

R. HUNT

10 E-mail Address: **ervin0519@gmail.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ervin Villareal

ERVIN VILLAREAL

10/14/2013

7863956561

Date

Daytime Phone #