

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

AND  
FILED

97 JAN -8 AM 10:06

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: **DOCUMENT #**  
*P 32755*  
King Mechanical Contractors, Inc.  
P. O. Box 16608  
Chattanooga, TN 37416

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

3945 Cromwell Rd.

City and State

Zip Code

Chattanooga, TN

37421

4. Date Incorporated or Qualified  
To Do Business in Florida  
2-5-91

5. FEI Number  
62-1330510

FEI Number Applied For  
FEI Number Not Applicable

6. **\$8.75 Additional Fee required  
for a Certificate of Status**  
CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Bill W. King, Jr.	3945 Cromwell Rd.	Chattanooga, TN 37421
Sec.	Deborah M. King	3945 Cromwell Rd.	Chattanooga, TN 37421
VP	Donald C. Gravitt	3945 Cromwell Rd.	Chattanooga, TN 37421
			1000002056531--2 -01/14/97--01056--001 ****575.00 ****575.00
			<b>REINSTATEMENT</b> <i>1995-96</i>

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

CT Corporation System  
1200 S. Pine Island Rd.  
Plantation, FL 33324

9. If changed, new registered agent / office  
Name *Adrian*

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State  
FL.

Zip

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

*Barbara A. Burke*  
REGISTERED AGENT MUST SIGN

**BARBARA A. BURKE**  
SPECIAL ASSISTANT SECRETARY

*1/6/97*

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

13. 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. 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 of  
Officer or Director

*Donald C. Gravitt*

Date *12/30/96*

Daytime Phone #

Typed or printed name of signing officer or director

*Donald C. Gravitt*

*V.P.*

CR2E040 (8/92)