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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
02 MAR 12 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 993000017745

1. Corporation Name Florida Mechanical Products, Inc.

2. Principal Office Address 1741 Hamilton St.		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State	
Zip 32210	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3166447

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

01-02

7. Name and Address of Current Registered Agent

Name: Michael L. King

Street Address (P.O. Box Number is Not Acceptable): 3629 Cattail Dr.

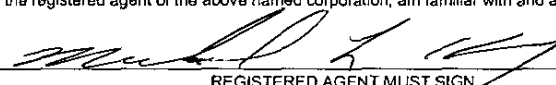
Suite, Apt. #, Etc.

City: Jacksonville, FL

State: FL Zip Code: 32223

700005168507-4
-03/26/02-01024-003
****300.00 ****300.00

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: 

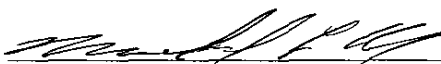
Date: 3-8-02

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
Pres.	Michael L. King	3629 Cattail Dr.	Jacksonville, FL 32223
V. Pres.	Charles C. McGill	1758 Waterbury Ln.	Orange Park, FL 32003
Secretary	Susan M. King	3629 Cattail Dr.	Jacksonville, FL 32223

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)(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:  Michael L. King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-8-02 **Daytime Phone #** 904-387-5700

CR2E081 (9/01)

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FLORIDA MECHANICAL PRODUCTS, INC.
P.O.BOX 37065
JACKSONVILLE, FL. 32236
Phone: (904) 387-5700
Fax: (904) 387-1300

To: To Whom It May Concern
Department of State
Division of Corporations

March 8, 2002

From: Michael King

Subject: Corporation Reinstatement of Florida Mechanical Products, Inc..

Attached is the Corporation Reinstatement Form along with a check for \$300.00 as instructed.

Please note that we did not receive our yearly notice due to an address change.

Your prompt reinstatement would be appreciated.