PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 23 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046468**

1. Corporation Name

FAITH MECHANICAL, INC.

Principal Place of Business	Mailing Address
~~420 E. PINE STREET~~	~~P.O. BOX 727~~
~~CRESTVIEW FL 32539~~	~~CRESTVIEW FL 32536~~

000001238836590---1
-12/26/97--01098--001
****758.75 ****758.75

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4785 C-189 Hwy.	4785 C-189 Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Holt, FL.	Holt, FL.
Zip 32564 Country USA	Zip 32564 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/17/1994

5. FEI Number: 59-3252939 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $ 6.75 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	CADENHEAD, JERRY P	~~5335 FAIRCHILD ROAD~~ 6187 Wilkinson Dr	~~CRESTVIEW FL 32536~~ 32539
~~TD~~	~~CURRIE, CYNTHIA M~~	~~2701 LAKE SILVER ROAD~~	~~CRESTVIEW FL 32536~~
V	FOSS, WILLIAM E	~~1275 C-189 HWY~~ 4785	HOLT FL 32564
~~V~~	~~CADENHEAD, CHRIS~~	~~420 E. PINE ST.~~	~~CRESTVIEW FL 32539~~
		REINSTATEMENT	12/23/97

8. Name and Address of Current Registered Agent

~~CADENHEAD, CHRIS~~
~~420 E. PINE STREET~~
~~CRESTVIEW FL 32539~~

9. Name and Address of New Registered Agent

Name: Jerry Paul Cadenhead
Street Address (P.O. Box Number is Not Acceptable): 6187 Wilkinson Dr.
Suite, Apt. #, Etc.:
City: Crestview | State: FL | Zip Code: 32539

CR2E040 (8/97)

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: Jerry Paul Cadenhead Date: 12-22-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: Jerry Paul Cadenhead — 12-22-97 — (850)682-0424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #