

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

02 MAY 31 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046468

1. Corporation Name

FAITH MECHANICAL, INC.

Principal Place of Business

6187 WILKINSON DR  
CRESTVIEW FL 32539

Mailing Address

PO BOX 727  
CRESTVIEW FL 32536

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

2. New Principal Office Address, If Applicable

5342 Fairchild Rd.

Suite, Apt. #, etc.

City & State

Crestview, FL 32539

Zip

32539

Country

USA

3. New Mailing Office Address, If Applicable

5342 Fairchild Rd.

Suite, Apt. #, etc.

City & State

Crestview, FL

Zip

32539

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

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD P	CADENHEAD, JERRY P	6187 WILKINSON DRIVE	CRESTVIEW FL 32539
V CEO/CO	FOSS, WILLIAM E Cadenhead, Paul	4785 HWY. C-189 5336 Fairchild Rd.	HOLT FL 32564 Crestview, FL 32539
om	Charles Gilliam	5850 Flamingo Rd.	Crestview, FL 32539
REINSTATEMENT 2000-2001			100005729531--2 -06/10/02--01082--024 *****300.00 *****900.00

8. Name and Address of Current Registered Agent

CADENHEAD, JERRY PAUL  
6187 WILKINSON DRIVE  
CRESTVIEW FL 32539

9. Name and Address of New Registered Agent

Name	100005729531--2 -06/10/02--01082--025 *****3.75 *****3.75
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

31 May 02

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 May 02

Daytime Phone #

850 6825734

CR2E040 (8/01)