

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 OCT 23 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086421

1. Corporation Name

Gulfcoast Mechanical Inc.

Principal Place of Business

Mailing Address

Pineellas
County

12551 US 19 N
CLW FL 34624

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

REINSTATEMENT 96-97

2. New Principal Office Address, If Applicable

12551 US 19 N

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12551 US 19 N

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11-23-1994

5. FEI Number

59-3298078

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>T</u>	<u>Harry Mason</u>	<u>12650 Borda Ln</u>	<u>Largo FL 33773</u>
<u>P</u>	<u>Sylvan Harfenist</u>	<u>2295 American BLVD E</u>	<u>CLW FL</u>

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-10/27/97--01144-015
****923.75 ****923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Patrick M O'Connor
2083 Pinehurst Dr
CLW FL 34623

Richard Marks
Street Address (P.O. Box Number is Not Acceptable)
12551 US 19 N
Suite, Apt. #, Etc.

City CLW

State FL

Zip Code 34624

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

Richard Marks

REGISTERED AGENT MUST SIGN

Date 10-9-97

11. 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.)

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:

Harry Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-97 813-462-2688

CR2E040 (12/96)