

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000049029**

1. Corporation Name

Mechanicool Service Company, Inc.

2. Principal Office Address

4486 Daugharty Rd

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip

32724

Country

Volusia

3. Mailing Office Address

P. O. Box 4007

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip

32721-4007

Country

Volusia

REINSTATEMENT

03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650675968

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark E. Steinwachs

Street Address (P.O. Box Number is Not Acceptable)

4486 Daugharty Road

Suite, Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32724

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

Mark E. Steinwachs

REGISTERED AGENT MUST SIGN

Date **March 14, 2006**

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
President	Mark E. Steinwachs	4486 Daugharty Road	DeLand, FL 32724
Sec/Treas	Leslie L. Steinwachs	4486 Daugharty Road	DeLand, FL 32724

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 contained in Chapter 119, 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:

Mark E. Steinwachs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 2006 888-976-7747

Date

Daytime Phone #

2072

MECHANICOOOL SERVICE COMPANY, INC.
P.O. BOX 4007 DELAND, FL 32721-4007
888-976-7747 FAX 386-740-1745

March 14, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

We are a small business here in Florida, we have been dropped from our workman's comp carrier and while filing for exemption from workman's comp it was brought to our attention that we have not filed with you since 2002 and need to be reinstated.

I have researched our records and do not find that we received the annual report notices since 2001. In 2002 we relocated from south to central Florida. During this time of moving and mail forwarding, I believe that we did not receive the renewal. Therefore, this letter is to state non-receipt of the annual report notice.

Enclosed is out reinstatement form.

Sincerely,

Leslie Steinwachs
Mechanicool Service Company, Inc.