

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -7 PM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000003046

1. Corporation Name

MECHANICAL AIR SERVICES, CORPORATION

2. Principal Office Address

8263 CAUSEWAY BLVD

Suite, Apt. #, etc.

SUITE C

City & State

TAMPA, FL

Zip

33619

Country

Hillsborough

3. Mailing Office Address

8263 CAUSEWAY BLVD

Suite, Apt. #, etc.

SUITE C

City & State

TAMPA, FL

Zip

33619

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

1/10/97

5. FEI Number

593418987

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

DOUG TAYLOR

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

8263 CAUSEWAY BLVD.

Suite, Apt. #, Etc.

SUITE C

City

TAMPA

State

FL

Zip Code

33619

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

REGISTERED AGENT MUST SIGN

Date JAN. 04, 2005

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	DOUG TAYLOR	8263 CAUSEWAY BLVD STE C	TAMPA / FL / 33619
SDC	DOUG TAYLOR	8263 CAUSEWAY BLVD STE C	TAMPA / FL / 33619
TD	DOUG TAYLOR	8263 CAUSEWAY BLVD STE C	TAMPA / FL / 33619
VP	GLEN CUMMINGS	3433 FOREST BRIDGE CIRCLE	BRANDON / FL / 33511

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:

GLEN CUMMINGS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 04, 2005

Date

813-630-5757

Daytime Phone #

CR2E081 (07/04)