

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 29 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000035064

1. Corporation Name

ACTION MECHANICAL CONTRACTORS
INC.

100006848361--8
-08/01/02--01020--021
****500.00 ****500.00

2. Principal Office Address

2436 N. Federal Hwy
Suite, Apt. #, etc.
200

3. Mailing Office Address

2650 NE 51st Ct.
Suite, Apt. #, etc.

REINSTATEMENT 99-02

City & State

Lighthouse Point

City & State

Lighthouse Point, FL

Zip

FL 33064

Country

Broward

Zip

33064

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

4-17-97

5. FEI Number

77-0301654

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

SANTIAGO BOLIVAR

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

2650 NE 51st Ct.

Suite, Apt. #, Etc.

City

Lighthouse Point

State
FL

Zip Code

33064

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

[Signature]

Date 7-25-02

REGISTERED AGENT MUST SIGN

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
P.	Santiago Bolivar	2650 NE 51 st Ct.	Lighthouse Point, FL 33064

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:

SANTIAGO BOLIVAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-02 (954) 427-0711

Date

Daytime Phone #

CR2E081 (9/01)

gs 7/30/02