

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 99 MAY -7 AM 8:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P970000048654**

1. Corporation Name
PERKINS MECHANICAL, INC.

Principal Place of Business Mailing Address
**12345 WEST HAMPTON CIRCLE
 WELLINGTON, FL 33414**

REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable **SAME**
 3. New Mailing Office Address, If Applicable **SAME**

Suite, Apt. #, etc. City & State

City & State

Zip Country

4 Date Incorporated or Qualified To Do Business in Florida **JUNE 02, 97**
 5 FEI Number **65-076-4546**
 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	FLOYD PERKINS	12345 W. HAMPT. CIR.	WELLINGTON, FL 33414

100002874461--2
 -05/13/99--01108--016
 ****908.75 ****908.75

8. Name and Address of Current Registered Agent
**FLOYD PERKINS
 12345 WESTHAMPTON CIRCLE
 WELLINGTON, FL 33414**

9. Name and Address of New Registered Agent
 Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc
 City State Zip Code
FL

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 **F. Perkins** Date **03/29/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: **F. Perkins** **FLOYD PERKINS** **3/29/99** **(561)333-7937**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)