

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 JUN -5 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #**

1. Corporation Name

PERKINS MECHANICAL, INC.  
P97000048654

300005823193--4  
-06/18/02--01072--025  
\*\*\*\*458.75 \*\*\*\*458.75

2. Principal Office Address

625 E. COLONIAL DR.  
Suite, Apt. #, etc.

3. Mailing Office Address

625 E. COLONIAL DRIVE  
Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32803

Country

USA

Zip

32803

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/02/97

5. FEI Number

650764546

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

FLOYD PERKINS

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

6344 RALEIGH ST.

Suite, Apt. #, Etc.

1112

City

ORLANDO

State

FL

Zip Code

32835

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

*F. Perkins*

REGISTERED AGENT MUST SIGN

Date 6/04/02

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	FLOYD PERKINS	6344 RALEIGH ST. #1112	ORLANDO, FL 32835
			351.25 - AN
			10.00 - ARPTS
			88.75 - ARSUPP

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)(l), 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

06/04/02

(321) 217-4902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

Perkins Mechanical, Inc  
625 East Colonial Drive  
Orlando, FL 32803

June 04, 2002

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Dear Sir/ Madam,

Enclosed are a check for \$458.75 and a completed reinstatement form. I am requesting that the Department of State reinstate the corporation called Perkins Mechanical, Inc.

Please also waive the reinstatement fee of \$600.00 as I did not receive the Annual Report notice. Possibly the notice was not received because I relocated to Orlando three years ago.

Sincerely,

  
Floyd Perkins  
President