


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 JUN -5 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CORPORATION REINSTATEMENT



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

DOCUMENT #
1. Corporation Name
PERKINS MECHANICAL, INC.
P97000048654

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 Country
32803 USA

Zip Country
32803 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
06/04/02

Daytime Phone #
(321) 217-4902

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