


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.*  
*PA1000048654*

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 Zip Code  
*FL 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 *[Signature]* Date *6/04/02*

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
<i>P</i>	<i>FLOYD PERKINS</i>	<i>6344 RALEIGH ST. #1112</i>	<i>ORLANDO, FL 32835</i>
			<i>351.25 - AN</i>
			<i>10.00 - ARPTS</i>
			<i>88.75 - ARSUPP</i>

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: *[Signature]* *FLOYD PERKINS* Date *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