

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 AUG 24 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000104734

1. Corporation Name

Jochim Mechanical Inc.

2. Principal Office Address

814 SE Corto Ter

Suite, Apt. #, etc.

City & State

Port St Lucie FL

Zip

34983

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

12-11-97

5. FEI Number

59-3481886

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

500004562715---0
-08/29/01--01094--011
****908.75 ****908.75

7. Name and Address of Current Registered Agent

Name

Todd Jochim

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

814 SE Corto Ter

Suite, Apt. #, Etc.

City

Port St Lucie

State
FL

Zip Code

34983

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

Todd Jochim

Date

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	Todd Jochim	814 SE Corto Ter Port St Lucie	Port St Lucie FL 34983
VP	Kerry Jochim	814 SE Corto Ter	Port St Lucie FL 34983

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-24-01

Date

561-785-9304

Daytime Phone #

CR2E081 (9/00)