PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	FILED 00 OCT 23 AM 10: 11 SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # P98000043857

1. Corporation Name

TNT MECHANICAL SERVICES, INC.

Principal Place of Business 850 HIGHLAND CIRCLE NOKOMIS FL 32475	Mailing Address 850 HIGHLAND CIRCLE NOKOMIS FL 32475

REINSTATEMENT

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 05/13/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0910653 APPLIED FOR / Applied For / Not Applicable
City & State	City & State	6.
Zip / Country	Zip / Country	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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	PORFIRIO, TYLER A	850 HIGHLAND CIRCLE	NOKOMIS FL 32475
P	TURNQUIST, DONALD O	4048 WESLEY TERRACE	SCHILLER PARK IL 60176
			400003456034--8 -11/07/00--01114--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PORFIRIO, TYLER A 850 HIGHLAND CIRCLE NOKOMIS FL 32475	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City / State FL / Zip Code

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 _____ Date 10/20/00

REGISTERED AGENT MUST SIGN

11. 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: _____ Date 10/20/00 Daytime Phone # (941) 915-5950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TYLER A PORFIRIO

CR2E040 (8/00)

KE