

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 NOV 27 PM 5:20

DOCUMENT # P98000061969

1. Corporation Name  
ADP Mechanical Inc

900004717509--7  
 -12/10/01--01114--024  
 \*\*\*\*750.00 \*\*\*\*750.00

2. Principal Office Address <u>1271 Burtwood dr</u>		3. Mailing Office Address <u>2855 Work dr</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>#6</u>	
City & State <u>Ft Myers, FLA</u>		City & State <u>Ft Myers FLA</u>	
Zip <u>33901</u>	Country <u>Lee</u>	Zip <u>33916</u>	Country <u>Lee</u>

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida <u>6/9/2000</u>	Applied For Not Applicable
5. FEI Number <u>650848545</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
David L. Canham

Street Address (P.O. Box Number is Not Acceptable)  
1271 Burtwood dr

Suite, Apt. #, Etc.

City  
Ft Myers

State  
FL

Zip Code  
33901

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 David L. Canham Date 11/19/2001

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
Pres	DAVID L CANHAM	1271 Burtwood dr	Ft Myers, FLA 33901
V.P	Richard J McATEE	8741 Waskyann dr	Ft Myers FLA 33919

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)(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: Richard J McATEE Date 11/19/2001 Daytime Phone # 941-387-3705

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATE (9/00)