

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

1271 Burtwood dr

Suite, Apt. #, etc.

City & State

Ft Myers, FLA

Zip

33901

Country

Lee

3. Mailing Office Address

2855 Work dr

Suite, Apt. #, etc.

#6

City & State

Ft Myers FLA

Zip

33916

Country

Lee

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

6/9/2000

5. FEI Number

650848545

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

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

REGISTERED AGENT MUST SIGN

Date 11/19/2001

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/2001

Date

941-387-3705

Daytime Phone #