

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION <b>REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 25 PM 4:06

DOCUMENT # **P98000078135**

1. Corporation Name

**MECHANICAL DESIGN SERVICES, INC.**

Principal Place of Business

Mailing Address

8302 PURCELL DR.  
ORLANDO FL 32825

8302 PURCELL DR.  
ORLANDO FL 32825



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/04/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3531655	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	WILHELM, SHARON	8302 PURCELL DR.	ORLANDO FL 32825

700003033287--1  
-11/02/99--01111--010  
\*\*\*\*150.00 \*\*\*\*150.00

10/11

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILHELM, SHARON  
8302 PURCELL DR.  
ORLANDO FL 32825

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

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:

*Sharon Wilhelm*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-99

Date

Daytime Phone #

CR2040 (8/95)