

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN -5 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709000083117

1. Corporation Name
ALL MECHANICAL SYSTEMS INC

2. Principal Office Address - No P.O. Box #
478 LOCK RD

Suite, Apt. #, etc.
198

City & State
DEER FIELD

Zip
33442

Country
BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.
SAME

City & State

Zip
Country

900129061879
05/13/08--01004--019 **300.00
CR2E08T (12/07)

REINSTATEMENT 03-08

4. Date Incorporated or Dissolved
To Do Business in Florida

5. FEI Number
65-0946731

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
Darius Phillips

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

Suite, Apt. #, Etc.
198

City
DEERFIELD BEACH

State
FL

Zip Code
33442

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Darius Phillips
REGISTERED AGENT MUST SIGN

Date

5-7-08

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
President	Darius Phillips	478 LOCK RD APT 198 DEERFIELD BEACH FL	DEERFIELD BEACH 33442

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 contained in Chapter 119, 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:

Darius Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-7-08

Daytime Phone #