

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V22718**

1. Corporation Name

MECHANICAL CONCEPTS, INC.

Principal Place of Business

**10096 GRIFFIN RD
COOPER CITY FL 33328
US**

Mailing Address

**10096 GRIFFIN RD
COOPER CITY FL 33328
US**

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

2. New Principal Office Address, If Applicable

4902 SW 90th TERR.

Suite, Apt. #, etc.

City & State

COOPER CITY FL.

Zip

33328

Country

USA

3. New Mailing Office Address, If Applicable

4902 SW 90th TERR

Suite, Apt. #, etc.

City & State

COOPER CITY FL.

Zip

33328

Country

USA

FILED

97 DEC -1 PM 1:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT 97

4. Date Incorporated or Qualified
To Do Business In Florida

03/20/1992

5. FEI Number

65-0334832

Applied For

Not Applicable

6.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	BROWN, DAVID H	4902 SW 90TH TER	COOPER CITY FL
D	SHAVER, SCOTT D	14522 SW 75TH STREET	MIAMI FL 33183

**100002367341-0
-12/09/97-01093-014
****750.00 ****750.00**

8. Name and Address of Current Registered Agent

**FRIEDMAN, DAVID
2699 STIRLING RD., STE A-201
FT. LAUDERDALE FL 33312**

9. Name and Address of New Registered Agent

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/24/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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] **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/97 (305) 595 0100

Date

Daytime Phone #