

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

388410

DOCUMENT #

1 Corporation Name

John's Plumbing Co.

Principal Place of Business

1929 Drew Street  
Clearwater, FL 33515

Mailing Address

1929 Drew Street  
Clearwater, FL 33515

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, if Applicable

3 New Mailing Address, if Applicable

4 Date Incorporated or Qualified To Do Business in Florida

09/15/71

Suite Apt # etc

Suite Apt # etc

5 FEI Number

59-1377176

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
C/P	John Araujo	1929 Drew Street	Clearwater, FL 33515
S/T	Betty J. Araujo	1929 Drew Street	Clearwater, FL 33515

8. Name and Address of Current Registered Agent

John Araujo  
1929 Drew Street  
Clearwater, FL 33515

9. Name and Address of New Registered Agent

Name  
Street Address (P O Box Number is Not Acceptable)  
Suite, Apt # Etc  
City State Zip Code  
FL

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

*John Araujo*  
REGISTERED AGENT MUST SIGN

Date

4/16/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. and that all fees owed by the corporation have been paid. 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:

*John Araujo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

Date

(813)446-8314

Daytime Phone #

CR606-0 (12/95)