

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 492682

1. Corporation Name

SEASIDE PLUMBING CO., INC.

2. Principal Office Address - No P.O. Box #

6868 Palmetto Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O.Box 7148

Suite, Apt. #, etc.

City & State

Indian Lake Estates, Fl.

City & State

Indian Lake Estates, Fl.

Zip

33855-7148

Country

USA

Zip

33855-7148

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/17-1975

5. FEI Number

59-1729584

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

Joseph K. Burgin, Jr.

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

6868 Palmetto Drive

Suite, Apt. #, Etc.

P. O. Box 7148

City

Indian Lake Estates,

State

FL

Zip Code

33855-7148

☒ 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

Joseph K. Burgin, Jr.

REGISTERED AGENT MUST SIGN

Date **4-9-10**

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
P	Joseph K. Burgin, Sr.	6868 Palmetto Drive	I.L. E., Fl 33855-7148
M	Joseph K. Burgin, Jr.	6868 Palmetto Drive	I.L.E. Fl. 33855-7148

10. E-mail Address: **pburgin@wildblue.net**

(To be used for future annual report notification)

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. I further certify, 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:

Joseph K. Burgin, Sr.

Joseph K. Burgin, Sr. Pres.

4-9-10

863-692-0414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 APR 14 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400175653974
04/14/10--01002--012 **900.00

REINSTATEMENT 06-1D

4/14/10