PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

162

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Jim Smith**
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 25 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 689542

1. Corporation Name

**TRI COUNTY PLUMBING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 211 SE 46 TERR<br>CAPE CORAL FL 33904<br>US | 211 SE 46 TERR<br>CAPE CORAL FL 33904<br>US |

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

2002 VBR

4. Date Incorporated or Qualified To Do Business in Florida: 09/29/1980

5. FEI Number: 59-2047034 ☐ 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 | 4 City / State / Zip |
|---|---|---|---|
| PD | NEWMAN, THOMAS J. | 211 SE 46 TERR | CAPE CORAL FL 33904 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

400003601284
10/25/02--01116--004 **150.00

8. Name and Address of Current Registered Agent

NEWMAN, THOMAS J.
211 SE 46 TERR
CAPE CORAL FL 33904

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Thomas J. Newman
REGISTERED AGENT MUST SIGN

Date: 10/23/02

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:** SIGNATURE REQUIRED Thomas J. Newman THOMAS J NEWMAN 10/23/02 239-542-5779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

282

Tri County Plumbing
Tom Newman
211 S.E. 46th Terrace
Cape Coral, FL 33904
239-542-5779

# Tri County Plumbing

October 23, 2002

Florida Department of State
Jim Smith
Secretary of State

Dear Sir:

I have searched all my records for the uniform business reports and I have not received either of the two reports that were sent. I am enclosing the $150.00 fee and if there is a problem please contact me. I am sorry for the inconvenience this has caused your office.

Sincerely,

Thomas J. Newman
President