PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 22 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765705

1. Corporation Name

PLUMBERS & PIPEFITTERS 624 HOLDING CORP., INC.

REINSTATEMENT GG

Principal Place of Business	Mailing Address
3601 N. MCINTOSH RD. DOVER FL 33527-6146	3601 N. MCINTOSH RD. DOVER FL 33527-6146

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/09/1982

5. FEI Number: 59-2313701 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 A [illegible]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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-12/02/99--01037--018
****236.25 ****236.25

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip 4
PDT	~~MCCULLOUGH, G~~ Dodd, ROBERT F	12510 SHORE ACRES DR 4405 GARDEN LANE	LAKELAND FL TAMPA FL 33610
~~VPT~~	~~MCCULLOUGH, GARY~~	~~1510 SHORE ACRES DR~~	~~LAKELAND FL~~
SDT	BOWER, ROGER	2911 E 97TH AVE	TAMPA FL
VPT	THAYER, R	119,01 SHADOW RUN BLVD	RIVERVIEW FL
FIN. SEC. TREASURER	BOATRIGHT, Byron F	3601 N. McIntosh Rd	Dover, FL 33527

8. Name and Address of Current Registered Agent

BOATRIGHT, BYRON
508 W 127TH AVE
TAMPA FL 33612

9. Name and Address of New Registered Agent

Name: Byron F. Boatright
Street Address (P.O. Box Number is Not Acceptable): 3601 N. McIntosh Rd
Suite, Apt. #, Etc.:
City: Dover | State: FL | Zip Code: 33527

CR2E040 (6/99)

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: Byron F. Boatright REQUIRED — Date: 11/18/99

REGISTERED AGENT MUST SIGN

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: Byron F. Boatright REQUIRED — 11/18/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #