

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 20 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000 133107

1. Corporation Name Allen Haggerty Plumbing, Inc.

000176528350
04/20/10--01016--002 **3000.00

REINSTATEMENT 07-10

2. Principal Office Address - No P.O. Box # 10375 60th St. N		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pinellas Park, FL		City & State	
Zip 33782	Country Pinellas	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 11/4/03	
5. FEI Number 57-1194002	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name William H. Krodel EA, PA			
Street Address (P.O. Box Number is Not Acceptable) 4437 Central Ave.			
Suite, Apt. #, Etc.			
City St. Petersburg	State FL	Zip Code 33782	

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 807.0505 or 617.0503, F.S.

Signature of Registered Agent *William H. Krodel* Date 4/16/10
REGISTERED AGENT MUST SIGN

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
Pres.	Allen Haggerty	10375 60th St. N	Pinellas Park, FL 33782

10. E-mail Address: WHK4437@TampaBay.RR.com
(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 807 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 807.0401 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: *Allen Haggerty* Allen Haggerty, Pres: 4/16/10 564-7702
DATE DAYTIME AREA #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR