

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 FEB -8 PM 2:24  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000042753

1. Corporation Name

A.T. & Associates Plumbing, Inc.  
W10 — 4703

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

3031 Sandhurst Rd E.  
Suite, Apt. #, etc

3. Mailing Office Address

3031 Sandhurst Rd. E  
Suite, Apt. #, etc

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

Country

32277

USA

Zip

Country

32277

USA

**REINSTATEMENT** <sup>07</sup>  
200167462972  
01/28/10--01033--014 \*\*450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

03/21/2005

5. FEI Number

20-2552995

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

Alvin Thomas, Jr.

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

3031 Sandhurst Rd E.

Suite, Apt. #, Etc

City

Jacksonville

State

FL

Zip Code

32277

☒ 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.

200167462972

02/08/10--01067--024 \*\*158.75

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

Alvin Thomas Jr.

Date 1-22-10

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
DPST	Alvin Thomas, Jr	3031 Sandhurst Rd. E.	Jacksonville, FL 32277
			M. MILLIGAN EXAMINER
			FEB - 9 2010

10. E-mail Address: chencku@bizsupportinc.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 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: Alvin Thomas Jr. Alvin Thomas, Jr.

Date

Daytime Phone #

1-22-10 <sup>904</sup>  
738-7523