

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # **J27450**

JLT PLUMBING, INC.

Mailing Address

C/O LARRY F. CONLEY
2224 PINE ISLAND DR.
NEW SMYRNA BEACH FL 32168-5451

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/06/1986

SP

5. FEI Number

Applied For

59-2772522

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
DP	CONLEY, LARRY F.	3150 S. NOVA RD.	DAYTONA BEACH FL
ST	CONLEY, JOAN	3150 S. NOVA RD.	DAYTONA BEACH FL
<p><i>DATE 11/1/99</i></p> <p><i>LARRY ONLY</i></p>			
<p>800003065338--2 -12/09/99--01053--011 *****750.00 *****750.00</p>			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name LARRY CONLEY
Street Address (P.O. Box Number is Not Acceptable) 9924 PINE ISLAND
Suite, Apt. #, Etc. 4
City NSR State FL Zip Code 32168

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

REGISTERED AGENT MUST SIGN

Date 11-18-77

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

904 428-5972

3:50P-010 (0.000)