

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 323165

1. Corporation Name

GUNN PLUMBING & HEATING, INC

Principal Place of Business

7370 NORTHWEST 12TH STREET
MIAMI FL 33126

Mailing Address

7370 NORTHWEST 12TH STREET
MIAMI FL 33126

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

11/16/1967

5. FEI Number

59-0717256

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒

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
POD D	GUNN, W W SR	7370 N.W. 12TH ST.	MIAMI FL
ADXTS	GUNN, WYVONNE-G Sharron J. Gunn	7370 N.W. 12TH STREET	MIAMI FL
ADXR D	GUN, WINSTON W JR. W. Winston Jr.	7370 N.W. 112TH ST	MIAMI FL
M	GUNN, BARNETTE K Delete	7370 N.W. 12TH ST	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New-Registered Agent

GUNN SR., W.W.
7370 NORTHWEST 12TH STREET
MIAMI FL 33126

Name

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

Suite, Apt. #, Etc.

City

300003087819-4

-01/04/00--01078--002

****750.00 ****750.00

State

Zip Code

FL

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

W. Winston Jr.
REGISTERED AGENT MUST SIGN

Date

Dec 17 '99

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 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 #

FILED

99 DEC 27 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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TSS