

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 29 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 323165

1. Corporation Name

GUNN PLUMBING & HEATING, INC.
6601 TAMIAMI CANAL RD., MIAMI, FL 33126

2. Principal Office Address

6601 TAMIAMI CANAL RD

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33126

Country

MIAMI-DADE

3. Mailing Office Address

6601 TAMIAMI CANAL RD

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33126

Country

MIAMI-DADE

**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 ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

GUNN, SHARRON J.

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

6601 TAMIAMI CANAL RD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

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

Sharron J. Gunn
REGISTERED AGENT MUST SIGN

Date *September 25, 2003*

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
TS	GUNN, SHARRON J.	6601 TAMIAMI CANAL RD	MIAMI, FL 33126
PD	GUNN, WINSTON W., JR.	6601 TAMIAMI CANAL RD	MIAMI, FL 33126

10. 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:

Sharron J. Gunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharron J. Gunn

9/25/03
Date

305-262-3318
Daytime Phone #

Sh 7/30