

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
ANDRA B. MORTHAM  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 503210

1. Corporation Name

STANDARD PLUMBING CORPORATION

Principal Place of Business

901 N. WASHINGTON BLVD.  
SARASOTA FL 34236

Mailing Address

901 N. WASHINGTON BLVD.  
SARASOTA FL 34236

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1676158

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
SD	REIDINGER, WILMA B	901 N WASHINGTON BLVD	SARASOTA FL
PD	RIEDINGER, CHARLES W	901 N WASHINGTON BLVD	SARASOTA FL
VP	SMITH, MARGIE	901 N. WASHINGTON BLVD.	SARASOTA FL 34236
			700002343737--2
			-11/10/97--01177--027
			****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIEDINGER, CHARLES W.  
901 N. WASHINGTON BLVD.  
SARASOTA FL 34236

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Charles W. Riedinger*

Date 10/23/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. 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

Charles W. Riedinger

Date

10/23/97

Daytime Phone #

941-365-3200

CR2E040 (9/97)

2

**STANDARD PLUMBING**

**901 N Washington Bv.**

**Sarasota, FL 34236**

**941-365-3200**

**800-375-0132**

**FAX 941-366-8930**

State Certified Mechanical Contractor CMC056907

State Certified Plumbing Contractor CFC056827

**DATE:** Oct 23, 1997

**TO:** State of Florida  
Dept of Corporations  
Annual Report/Reinstatement Section  
POB 6327  
Tallahassee FL 32314-6327

**FROM:** Charles Riedinger

**RE:** Annual Report

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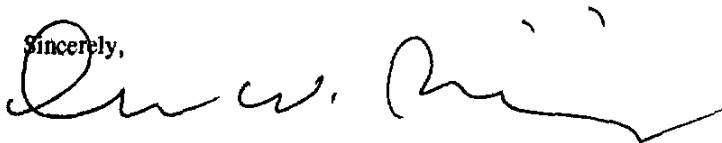
As per your phone instructions, I am enclosing the following:

- 1) Completed reinstatement application
- 2) Copy of original application dated 5/1/97.
- 3) Check for \$ 165.00

We mailed to your office a completed Annual Report & a check for \$ 165.00 on May 1 of this year.  
Apparently, it did not reach you.

Thank you for your assistance.

Sincerely,



Charles Riedinger