

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP -1 PM 1:54

DOCUMENT # 540067

1. Corporation Name

SUNSTATE PLUMBING & POWER SYSTEMS INC.

2. Principal Office Address

14566 SE 175<sup>TH</sup> ST

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 298

Suite, Apt. #, etc.

City & State

WEIRSDALE, FL

Zip

32195

Country

US

City & State

LADY LAKE, FL

Zip

32158

Country

US

REINSTATEMENT 0204

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 1977

5. FEI Number

59-1746783

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

GARY L TINNEY

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

14566 SE 175<sup>TH</sup> ST.

Suite, Apt. #, Etc.

800040731878  
09/01/04--01049--006 \*\*150.00

City

WEIRSDALE

State

FL

Zip Code

32195

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

Date 8-30-04

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
PTS	GARY L TINNEY	14566 SE 175 <sup>TH</sup> ST	WEIRSDALE, FL. 32195

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:

GARY L. TINNEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-04 352-821-0961

Date

Daytime Phone #

CR2001 (01/04)