

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** 635403

1. Corporation Name

HARDEE COUNTY PLUMBING, INC.

2. Principal Office Address

111 Highway 17 North

Suite, Apt. #, etc.

3. Mailing Office Address

Post Office Box 836

Suite, Apt. #, etc.

City & State

Wauchula, Florida

City & State

Wauchula, Florida

Zip

33873

Country

U.S.

Zip

33873

Country

U.S.

**REINSTATEMENT 97-01**

4. Date incorporated or Qualified To Do Business in Florida

9/7/1979

**SP**

5. FEI Number

59-1938160

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

DOROTHY M. HEFLIN (NEESENBY)

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

1205 Leavy North Road

Suite, Apt. #, Etc.

City

Wauchula

State  
**FL**

Zip Code  
33873

500004527469 --6  
-08/09/01--01074--001  
\*\*\*1350.00 \*\*\*1350.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent

*Dorothy M. Heflin*  
REGISTERED AGENT MUST SIGN

Date July 31, 2001

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
P/S/T	DOROTHY M. HEFLIN	1205 Leavy North Road	Wauchula, FL 33873

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 a 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)(b), 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: *Dorothy M. Heflin*

Dorothy M. Heflin, President

7/31/01

863/773-9442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CORPORATE REV001