

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 JAN 24 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F11000001495

1. Corporation Name

West Plumbing Services, Inc.

REINSTATEMENT

12-13

2. Principal Office Address - No P.O. Box #

2015 Wild Cherry Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

2015 Wild Cherry Drive

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

Zip

32305

Country

Leon

Zip

32305

Country

Leon

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4-6-2011

5. FEI Number

27-4435896

☐ 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

William Robert West III

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

2015 Wild Cherry Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

100243969434

01/24/13--01012--012 **900.00

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

Will Robert West III

Date 1-24-2013

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
Pres	William Robert West	2015 Wild Cherry Dr.	Tall, Fla., 32305

10. E-mail Address: westplumbing1@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Will Robert West III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2013

Date

Daytime Phone #