

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -5 PM 3: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F34045**

1. Corporation Name

KOLMEL PLUMBING, INC

W-29778

2. Principal Office Address

6580 LOS PAMOS DR

Suite, Apt. #, etc.

3. Mailing Office Address

6580 Los Pamos Dr

Suite, Apt. #, etc.

City & State

GRANT FL

Zip Country

32949 USA

City & State

GRANT FL

Zip Country

32949 USA

REINSTATEMENT

01-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

1981

5. FEI Number

59 2095851

Applied **SP**
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

GUY L. KOLMEL

800003828928-8

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

6580 LOS PAMOS DR

-03/09/01--01116--012

*****2072.52 ***2072.52**

Suite, Apt. #, Etc.

800003828928-8

-03/09/01--01116--013

City

GRANT

State

FL

32949

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

[Signature of Guy L. Kolmel]

REGISTERED AGENT MUST SIGN

Date **1-28-01**

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.	GUY L. KOLMEL	6580 LOS PAMOS DR	GRANT FL 32949
UPRES.	LINDA S. KOLMEL	6580 Los Pamos DR	GRANT FL 32949
S			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-01

Daytime Phone #

CR2E081 (9/99)