

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 13 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F34045

1. Corporation Name

Kolmel Plumbing, Inc.

2. Principal Office Address

6580 Los Pamos Dr

Suite, Apt. #, etc.

City & State

Grant FL

Zip

32949

Country

USA

3. Mailing Office Address

6580 Los Pamos Dr

Suite, Apt. #, etc.

City & State

Grant FL

Zip

32949

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5/8/87

5. FEI Number

59-2095851

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Guy L. Kolmel

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

6580 Los Pamos Dr.

Suite, Apt. #, Etc.

City

Grant, FL

State

FL

Zip Code

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

Guy L. Kolmel

REGISTERED AGENT MUST SIGN

Date

7-8-04

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.V.I.	Guy L. Kolmel	6580 Los Pamos Dr.	Grant FL 32949
S	Linda S. Kolmel	6580 Los Pamos Dr	Grant FL 32949

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:

Guy L. Kolmel

Linda S. Kolmel

7-8-04

772-5895464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)