

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris,
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 16 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F70862

1. Corporation Name

Mid-Sun Plumbing, Inc.

Principal Place of Business

Mailing Address

790 SW 91st Place
Ocala, FL 34476

P O Box 3336
Ocala, FL 34478-3336

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

W00000002545

REINSTATEMENT 94-00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

106 NE 14th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala, FL

Zip

Country

Zip

Country

34470

Marion

4. Date Incorporated or Qualified
To Do Business in Florida

3-12-82

5. FEI Number

59-2190205

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Richard E. Woods	790 SW 91st Place	Ocala, FL 34476
			1000003195511--4 -04/04/00--01082--005 ***1650.00 ***1650.00

REINSTATEMENT 94-00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Richard E. Woods

790 SW 91st Place

Ocala, FL 34476

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Richard E. Woods

REGISTERED AGENT MUST SIGN

Date

1/29/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

KE

12. 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:

Richard E. Woods

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/00

Daytime Phone #

382-237-4759

CR2E081 (12/98)