

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **F98017**

1. Corporation Name

TUMA PLUMBING SUPPLY CORP.

Principal Place of Business

4950 S.W. 75 AVENUE
% SALVADOR TUMA
MIAMI FL 33155-4439

Mailing Address

4950 S.W. 75 AVENUE
% SALVADOR TUMA
MIAMI FL 33155-4439

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1982

5. FEI Number

59-2405429

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
PP	TUMA, SALVADOR	2900 SW 127 AVE	MIAMI FL
VD	TUMA, MARLON	2900 SW 127 AVE	MIAMI FL
STD	TUMA, MABEL	2900 SW 127 AVE	MIAMI FL

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-07/22/98--01051--018
****908.75 ****908.75

8. Name and Address of Current Registered Agent

TUMA, SALVADOR
4950 S.W. 75 AVENUE
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name

MARLON TUMA

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

2900 SW 127 AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

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

REGISTERED AGENT MUST SIGN

Date

7/14/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARLON TUMA

Date

7/14/98

Daytime Phone #

305-261-6666

CR2E04G (8/97)