

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G73336**

1. Corporation Name

PLUMBING BY BISHOP, INC.

Principal Place of Business

1501 DECKER AVE #313
STUART FL 34994
US

Mailing Address

1501 DECKER AVE #313
STUART FL 34994
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2345645

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
DP	BISHOP, GARY	5351 SE REEF WAY	STUART FL 34997
S	BISHOP CYNTHIA	5351 SE REEF WAY	STUART FL 34997

800008635998
10/28/02--01112--022 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUNGEY, RICHARD J.
525 S. CAMDEN AVENUE
STUART FL 33497-2993

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02 772-286-5872

Date

Daytime Phone #



Plumbing by Bishop, Inc.

YOUR FULL SERVICE PLUMBER

P.O. Box 3223

STUART, FLORIDA 34995

(772) 286-5872

FAX# (772) 286-1412



DATE: October 23, 2002

TO: Division of Corporations, Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fla. 32314-6327
Mr. Jim Smith, Secretary of State

FROM: Gary Bishop, Plumbing By Bishop, Inc.
Document #: G73336

Dear Mr. Smith,

Our corporation is writing to inform you that we did **not** receive the two prior uniform business report notices (UBR). Enclosed is the \$150.00 filing fee for Profit Corporation to maintain active status.

If you have any questions, please contact us at {772} 286-5872. Thank you.

Gary Bishop
President