

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 22 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *H 63701*

1. Corporation Name

Double Discount Plumbing, Inc

2. Principal Office Address

7204 ALOMA AVE.

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32792

Country

ORANGE

3. Mailing Office Address

7204 Aloma Ave

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32792

Country

Orange

REINSTATEMENT

09-01

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

6-25-85

5. FEI Number

59-2555943

Applied For

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

Cecil E. White

600003784366

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

14245 Del Jean Circle

****1058.75 ***1058.75*

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32828

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

Cecil E. White

Date *2-19-01*

REGISTERED AGENT MUST SIGN

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 |
|----------------|--------------------------------------|---------------------------------------------------|----------------------------|
| <i>Pres</i> | <i>Cecil E. White</i> | <i>14245 Del Jean Circle</i> | <i>Orlando, FL 32828</i> |
| <i>V. Pres</i> | <i>GARY L. HAWKES</i> | <i>409 OREGON AVE</i> | <i>St. Cloud, FL 34769</i> |
| <i>Secy</i> | <i>LONNIE W. JENKINS, JR</i> | <i>13519 LACEBARK Pine Rd.</i> | <i>Orlando, FL 32832</i> |
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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:

GARY L. HAWKES (GARY L. HAWKES)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/01 (407) 657-1229
Date Daytime Phone #

CR2E081 (9/00)