

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **J27450**

1. Corporation Name
JLT PLUMBING, INC.

FILED
99 NOV 29 PM 2: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O LARRY F. CONLEY 2224 PINE ISLAND DR. NEW SMYRNA BEACH FL 32168-5451	C/O LARRY F. CONLEY 2224 PINE ISLAND DR. NEW SMYRNA BEACH FL 32168-5451

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/06/1986 SP	
City & State		City & State		5. FEI Number	
Zip		Country		69-2772522	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	CONLEY, LARRY F.	3150 S. NOVA RD.	DAYTONA BEACH FL
ST	CONLEY, JOAN	3150 S. NOVA RD.	DAYTONA BEACH FL
	<i>OFFICE</i>		
	<i>LARRY ONLY</i>		
			800003065338--2 -12/09/99--01053--011 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DANIELS, DOUGLAS A. 820 FIRST UNION BLDG. 444 SEABREEZE BLVD. DAYTONA BEACH FL 32015		Name LARRY CONLEY Street Address (P.O. Box Number is Not Acceptable) 2224 PINE ISLAND Suite, Apt. #, Etc. FL City NSB State FL Zip Code 32168	

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: *Larry Conley* REGISTERED AGENT MUST SIGN Date: **11-18-99**

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: *Larry Conley* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **11-18-99** Daytime Phone #: **904 428-5972**

CR20040 (8/99)