

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAR 27 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

1989-2001

UBB



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

J64264

1. Corporation Name

Kromer Plumbing Inc.

2. Principal Office Address

3984 N. Access Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

7096 Mayfield Terr.

Suite, Apt. #, etc.

City & State

Englewood FL

City & State

Englewood, FL

Zip

34224

Country

U.S.

Zip

34224

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

87

5. FEI Number

59-2786272

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

Gary Kromer

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

7096 Mayfield Terrace

Suite, Apt. #, Etc.

City

Englewood

State
FL

Zip Code

34224

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

Gary Kromer

REGISTERED AGENT MUST SIGN

Date 3-19-01

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
Pres.	Gary Kromer	7096 Mayfield Terr	Englewood FL 34224
Sec.	Lynn Kromer	"	"

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 Kromer GARY KROMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01 941-474-3595

Date

Daytime Phone #

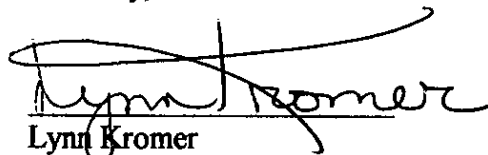
CR2E081 (9/00)

222
March 14, 2001

To Whom It May Concern,

I am writing to please ask if you could waiver any penalty fees. I am very sorry that we did not pay our corporate filing fees. I did not know that we had to pay any fee every year and to my knowledge I do not remember receiving anything stating that I had to pay this every year, or I would of done so. I do not know if we did not receive it because our address had changed. We still reside at the same place but they had changed our street name and number. If you could waiver any fees it would much help us. Again I am very sorry that this has happened. I will make sure that this does not happen again, since now I am aware of this. I spoke to someone in your office and she said to send you a check for this amount \$1,757.50.

Sincerely,



Lynn Kromer
Kromer Plumbing Inc
7096 Mayfield Terrace
Englewood Fl 34224
941-474-3595