

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K 36213

1. Corporation Name

Walt's Plumbing, Inc.

Principal Place of Business

Mailing Address

**125 N. Cypress Way
Casselberry, FL 32707**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 9499

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida		Document #K36213 October 5, 1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State		59-2912161		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRES <input checked="" 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Walter R. Stevenson	2530 Barren Oak Ct.	DeLand, FL 32720
Sec/Treas.	Christine E. Stevenson	2530 Barren Oak Ct.	DeLand, FL 32720
			600002936896--0 -07/20/99--01091--012 ***1500.00 ***1500.00
			LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name Christine E. Stevenson
	Street Address (P.O. Box Number is Not Acceptable) 2530 Barren Oak Court
	Suite, Apt. #, Etc.
	City DeLand
	State FL
	Zip Code 32720

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: *Christine E. Stevenson* Date: **June 28, 1999**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Paid 5/14/99 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: *Christine E. Stevenson* June 28, 1999 (407)834-5424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christine E. Stevenson

Date Daytime Phone #

CR2081 (12/98)