

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000010057

1. Corporation Name

ANDERSON PLUMBING, INC.

Principal Place of Business

815 SOUTHWEST 120TH WAY
DAVIE FL 33325

Mailing Address

815 SOUTHWEST 120TH WAY
DAVIE FL 33325

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
5936 S.W. 34th

City & State
DAVIE FL

Zip
33314

Country
BROWARD-USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
5936 S.W. 34th

City & State
DAVIE FL

Zip
33314

Country
BROWARD-USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2000

5. FEI Number

651024193

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	PHILLIP G ANDERSON	5936 S.W. 34th 815 SW. 120th Way	DAVIE FLA 33314
VLC PRES	PAULA ANDERSON	80701 SW. 34th	DAVIE FLA 33314
SECRETARY	MELLY HUNTZ	340 S.W. 18th	POMPANNO FLA 33060

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****158.75 ****158.75

8. Name and Address of Current Registered Agent

ANDERSON, PHILLIP G
815 SOUTHWEST 120TH WAY
DAVIE FL 33325

9. Name and Address of New Registered Agent

Name
PHILLIP G ANDERSON

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

5936 S.W. 34th

Suite, Apt. #, Etc.

City
DAVIE FLA

State
FL

Zip Code
33314

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

Phillip G. Anderson
REGISTERED AGENT MUST SIGN

Date

12-5-01

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:

Phillip G. Anderson

PHILLIP ANDERSON

12-5-01

954-581-2557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2022

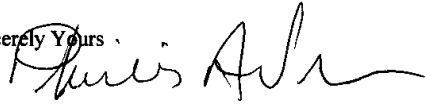
ANDERSON PLUMBING INC.

5936 SW 34TH ST.
DAVIE FL 33314
PH# (954) 581-2557

Fla Dept Of State
Division Of Corporations
P.O.Tallahassee, Fl

Due to our relocating , our business address has changed and our uniform business report was not received timely. We regret the confusion and am enclosing the new mailing address on our report and the appropriate filing fee. Our new address is the same as the letterhead address.

Sincerely Yours



Phillip G. Anderson