

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -9 AM 8:00

DOCUMENT # P00000021019

1. Corporation Name
Jtk Plumbing, Inc.

428 SE 88th Terrace
PO Box 57

2. Principal Office Address
428 SE 88th Terrace

3. Mailing Office Address
PO Box 57

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sumterville, Fla

City & State
Sumterville, Fla

Zip Country
33585 USA

Zip Country
33585 USA

4. Date Incorporated or Qualified
To Do Business in Florida February 24, 2000

5. FEI Number
65-1011745

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
James T. Cundiff

Street Address (P.O. Box Number is Not Acceptable)
428 SE 88th Terrace

Suite, Apt. #, Etc.

City
Sumterville

State Zip Code
FL 33585

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

[Signature]
REGISTERED AGENT MUST SIGN

Date Dec. 2, 2004

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.	James T. Cundiff	428 SE 88th Terrace	Sumterville, Fla. 33585
Sec.	Angela J. Cundiff	428 SE 88th Terrace	Sumterville, Fla. 33585

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES T. CUNDIFF

12/5/04

Date

352.303.1213

Daytime Phone #

CR2E081 (01/04)