

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000029303

1. Corporation Name

Security Plumbing and Pumps, Inc.

2. Principal Office Address

9803 Clinton Lane

Suite, Apt. #, etc.

City & State

Port Richey, Fl.

Zip

34668-4204

Country USA

Pasco County

3. Mailing Office Address

9803 Clinton Lane

Suite, Apt. #, etc.

City & State

Port Richey, Fl.

Zip

34668-4204

Country USA

Pasco County

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 23, 2000

5. FEI Number

59-3633727

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert A. Lavigne

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

9803 Clinton La.

Suite, Apt. #, Etc.

City

Port Richey

400024164324

10/27/03--01047--011 **158.75

State

FL

Zip Code

34668-4204

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

Robert A. Lavigne

Date

10/23/03

REGISTERED AGENT MUST SIGN

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
P.	Robert A. Lavigne	9803 Clinton Lane	Port Richey, Fl. 34668-4204
V. S.	Sandra L. Lavigne	9803 Clinton Lane	Port Richey, Fl. 34668-4204

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.

Robert A. Lavigne

SIGNATURE:

Robert A. Lavigne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03

Date

(727) 869-0319

Daytime Phone #

CR2E081 (10/02)