

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1002

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -3 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000034662

1. Corporation Name

JAMES F. GULSBY PLUMBING, INC.

2. Principal Office Address

7881 D FRUITVILLE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 129

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

MYAKKA CITY FL

Zip

34240

Country

SARASOTA

Zip

34251

Country

MANATEE

4. Date Incorporated or Qualified

To Do Business in Florida **03/31/2000**

5. FEI Number

59-3641863

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

02-03UBR

7. Name and Address of Current Registered Agent

Name

JAMES F. GULSBY SR.

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

4242 CARLTON ROAD

Suite, Apt. #, Etc.

City

SARASOTA

State
FL

Zip Code

34240

900012327859

02/12/03--01005--010 **15.00

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

JAMES F. GULSBY SR.
REGISTERED AGENT MUST SIGN

Date **11/27/2002**

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
D	JAMES F GULSBY SR.	4242 CARLTON ROAD	SARASOTA FL 34240

900012327859

02/12/03--01005--011 **150.00

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:

JAMES F. GULSBY SR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES F. GULSBY SR

11/27/2002 941-371-0987

Date

Daytime Phone #

CR2E081 (9/01)