

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P00000039755**

1. Corporation Name

**ALDERSON PLUMBING, INC.**

Principal Place of Business

Mailing Address

**3021 CARDINAL DRIVE  
DELRAY BEACH FL 33444**

**3021 CARDINAL DRIVE  
DELRAY BEACH FL 33444**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/14/2000**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-1016775**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
PD	ALDERSON, DANIEL F	3021 CARDINAL DRIVE	DELRAY BEACH FL 33444
			700004653297--7 -10/25/01--01049--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

**ALDERSON, DANIEL F  
3021 CARDINAL DRIVE  
DELRAY BEACH FL 33444**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

*Daniel F. Alderson*

REGISTERED AGENT MUST SIGN

Date **10-11-01**

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:

*Daniel F. Alderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-11-01 (561) 251-7630**

CR2E040 (8/01)