## TLEASE HEAD ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR	IN HERINA Section	4 0	<b>7</b> .		\(	$\mathcal{H}$
REINSTATEMENT	PILED					
DOCUMENT # P00000	02 FEB -6 AM 8: 37					
PROFESSIONAL PLUMBING SERVICES, INC.			SECRETARY CRESTATE TATERHASSENTLORIDA			
	LITTIOCO, 11TO.		TALI	AHASSEE FI	LORIDA	
incipal Place of Business Mailing Address		_			•	
41 FORSYTHE RD. P. O. BOX 941874 NTER PARK FL 32792 MAITLAND FL 32794						
If above addresses are incorrect in any way, line thro	ough incorrect aformation and ent	er correction below.				,
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If A		If Applicable	Date incorporated or C     To Do Business in Flor		22/2000	
Suile, Apt. #, etc.	Suite, Apt. #, etc.	otc. 5FEI			Applied i	
ty & State City & State City & State Con & Country Zip AH Con		ntov	6. S8.75 Additional		Not Appl Additional Fee r	
72792 VSA	72794	U/A	CERTIFICATE OF STATU	S DESIRED L.) (or	a Certificate of S	latus
7. Names and Street Addresses of Each Officer and/ Title(s) Name of Officers and/or Directors		orations must list at lea Street Address of Each Officer and/or Director		City / State	ə / Zip	
2 and or or ectors						
Provident Connette Wilde	r 134	3 Vibur	run la lis	startant, F	7.3279	<u>n</u>
Per James Bodd	ard 1624	Partial	Ch Or	Jan Do. K)	1. 3280	4
sund Shend Norn	9311	Pine Jong	Drive Cas	velbery,	F1.32	118
0.		•	# O O	v 004916	:095-	0
·				-02/13/02 ****308.75	0108200	)7 3.75
				, ,	LS ·	
8. Name and Address of Current I	Registered Agent	Name	9. Name and Address of	New Registered Ag	jent ************************************	
WILDER, KENNETH	•	Street Address (F	O. Box Number & Not Acc	eptable)		
3941 FORSYTHE RD. WINTER PARK FL 32782	Stilte, Apt. #, Etc.	3 Vib Va	un /	me		
		city linet	n-Park	State	Zip Code	2
10. I, being appointed the registered agent of the abo	ve named corporation, am familia	with and accept the ol	bilgations of Section 607.05			
	1.21					
Signature of egistered Agent	TO ///		Date	1-24	-200L	· ·
11.1 certify that I am an officer or director or the recei	EGISTERED AGENT MUST SIGN	ute this application as r	armyided for in chapter 607 o	or 617, F.S. I further or	ertify that when fi	iling
11. I centry that it am an officer or director or the received this reinstatement application, the reason for dissi- owed by the corporation have been paid and the on this application is true and accurate, and my significant.	plution has been eliminated, the co names of individuals listed on this	rporate name satisties form do not qualify for effect as if made unde	the requirements of section an exemption under section roath.	1 119.07(3)(i), F.S. Th	e information ind	icated
1	1//11	1 -		4	467-	
SIGNATURE: (MA)	1///	Lenne	the Wildow Date	12202-6	,71-670	78
MANUEL AND TYPED OR PR	LOTE ARTHER SIGNAG OFFICER	OR DIRECTOR	Date	, Dayl	IIII PIONE #	

- Dept. of Reinstadements; 1) I sent in original cooperation feed in a binuly manor, before du date. O.d not realize that It was not received and that not check sent to you was not deposited. 2) I found out that my cooperation nos mactive when I went to apply for a work mans comp. excempt certification 3.) Called fair, office and verified the amount 60 bi sent was 750,00 on. 1-24-2002 was bold to soud next day and was given a physical address to send this 60 and was bold it would be processed within 5 dats. I sent it so you received before 10:30 Am of this past monday. 4.) Talked to Tyrone this Monday Am and was bold that it was sent back due to away few sent. I wish for a ne-consideration It in this matter. This the second time that I have sent in my monres du and still am not any when yet