

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 14 PM 12:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

P000000111509

Tranquility Plumbing, Inc.

2. Principal Office Address

6141 Mid Metro Dr.

Suite, Apt. #, etc.

Suite 6

City & State

Fort Myers, FL

Zip

33912

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

12.5.00

5. FEI Number

65-1060192

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

Patricia B. Nicholson

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

6141 Mid Metro Dr.

Suite, Apt. #, Etc.

Suite 6

City

Fort Myers

State

FL

Zip Code

33912

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

Patricia B. Nicholson

Date

4.11.03

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
Pres.	Patricia B. Nicholson	6141 Mid Metro Dr. #6	Fort Myers, FL 33912

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:

Patricia B. Nicholson

Patricia B. Nicholson 4.11.03

239-939-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

97 5/21

Tranquility Plumbing, Inc.

6141 Mid Metro Drive, Unit 6

Fort Myers, FL 33912

Phone: 941-939-3000

Fax: 941-939-3001

April 11, 2003

Florida Department of State

Corporation Annual Reports and Reinstatements

P.O. Box 6327

Tallahassee, FL 32314

RE: Tranquility Plumbing, Inc.

To Whom It May Concern:

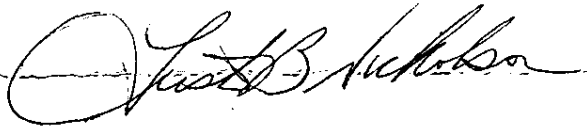
Tranquility Plumbing, Inc. respectfully requests that the reinstatement fees be waived due to non-receipt of annual Uniform Business Reports. We have attached a copy of our previous UBR for your review, as all of the mailing information was incorrect.

We thank you in advance for your assistance and processing of this request. An additional \$8.75 has been included in our check for a Certificate of Status to be mailed to us at our corrected address.

If you have any questions or need any additional information in order to expedite this paperwork, please do not hesitate to contact me at 239-939-3000.

Sincerely,

Tranquility Plumbing, Inc.



Patricia B. Nicholson
President

Enclosures