

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:11

DOCUMENT # P01000026160

1. Corporation Name

CLARK PLUMBING INC.

Principal Place of Business

1064 SUWANEE ST
SAFETY HARBOR FL 34683

Mailing Address

1064 SUWANEE ST
SAFETY HARBOR FL 34683

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/2001

5. FEI Number

59-3591304

Applied For

Not Applicable

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
D	CLARK, GARY L	1064 SUWANEE ST	SAFETY HARBOR FL 34683

8. Name and Address of Current Registered Agent

CLARK, GARY L
1064 SUWANEE ST
SAFETY HARBOR FL 34683

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

GARY L CLARK
REGISTERED AGENT MUST SIGN

Date 11-4-02

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:

GARY L CLARK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-02

Date

727-742-2831

Daytime Phone #

CR2E040 (8/02)

Division of Corporations

CLARK Plumbing Has not received A U.B.R
notice, This notice of Administrative Dissolution
or Revocation is All we have received at This
Time.

Please contact me if There are questions about
Application at. Home 727-725-1878 cell. 727-742-2831

Thank you. Gary Clark

Clark Plumbing
1064 SWANEE ST.

Safety Harbor FL 34695