

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 16 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026160

1. Corporation Name

Clark Plumbing Inc.

2. Principal Office Address - No P.O. Box #

1322 ARBELIA ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1322 ARBELIA ST.

Suite, Apt. #, etc.

City & State

Clearwater Florida

Zip

33755

Country

Pinellas

City & State

Clearwater Florida

Zip

33755

Country

Pinellas

REINSTATEMENT

08-05

4. Date Incorporated or Qualified  
To Do Business in Florida

12-1-03

5. FEI Number

59-3702485

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

Teddy Baker

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

1322 ARBELIA ST.

Suite, Apt. #, Etc.

City

Clearwater Fl.

State

FL

Zip Code

33755

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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11/16/09--01028--023 \*\*300.00

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

Teddy E. Baker

REGISTERED AGENT MUST SIGN

Date 11-10-09

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
President	Teddy Baker	1322 Arbelia St.	Clearwater Florida 33755
Vice President	Gary Clark	33 Harbor Oaks Circle	Safety Harbor Fl. 34695

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

TEDDY E. BAKER Teddy E. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-10-09 727-688-1576

Daytime Phone #