

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000111689

1. Corporation Name

KING PLUMBING SERVICE OF PALM BEACH, INC.

Principal Place of Business

4297 FOREST LANE
WEST PALM BEACH FL 33406

Mailing Address

4297 FOREST LANE
WEST PALM BEACH FL 33406

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

11/26/2001

5. FEI Number

☒ 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/O	SANTIAGO REYES	4297 FOREST LANE W. PALM BEACH, FL 33406	WEST PALM BEACH, FL 33406

800008592338

10/25/02--01054--001 **150.00

8. Name and Address of Current Registered Agent

REYES, SANTIAGO
4297 FOREST LANE
WEST PALM BEACH FL 33406

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

CR2040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/02 (56) 965-5003

2022

October 23, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Re: King Plumbing Service of Palm Beach, Inc.
P01000111689

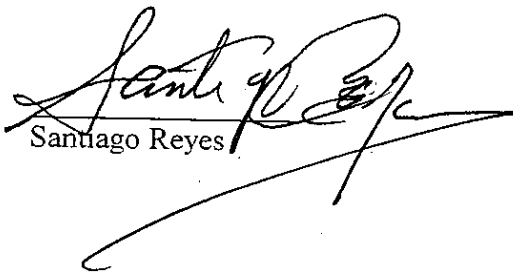
To Whom It May Concern:

I am writing because I called your offices when I received the attached notice and was told to write and explain why I had not sent in the Annual Report and check timely.

I did not send it because I did not receive a notice and it is the first time that I had to do this since I formed the corporation in 2001.

I was told to send a check for \$150.00 to cover the regular Annual Report fees.

Sincerely,


Santiago Reyes