

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR -7 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Owen Walbridge Plumbing, Inc.
P01000116952

2. Principal Office Address

623 Carlin Road

Suite, Apt. #, etc.

City & State

Satsuma, Florida

Zip

32189

Country

USA

3. Mailing Office Address

623 Carlin Road

Suite, Apt. #, etc.

City & State

Satsuma, Florida

Zip

32189

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/11/2001

5. FEI Number

59-3037290

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

Todd Watson

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

7785 Baymeadows Way, Suite 107

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32256

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

REGISTERED AGENT MUST SIGN

Date

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	Owen Walbridge	623 Carlin Road	Satsuma, FL. 32189
Treasurer	Dorothy Walbridge	623 Carlin Road	Satsuma, FL. 32189

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:

Dorothy E. Walbridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

Daytime Phone #

386-328-2034

CR2E081 (10/02)

TODD WATSON
ATTORNEY AT LAW

SUITE 107
7785 BAYMEADOWS WAY
JACKSONVILLE, FLORIDA 32256

TELEPHONE (904) 739-9747
FACSIMILE (904) 739-9748

April 1, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

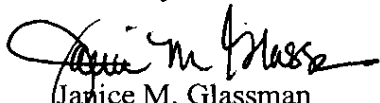
Re: Owen Walbridge Plumbing, Inc.

Dear Sir or Madam:

Enclosed is a Corporation Reinstatement form to be filed for the above referenced corporation. Also enclosed is a check payable to the Department of State in the amount of \$300.00 to cover the annual report filing fees. Please note that we were advised by your office that the reinstatement fee was waived since you were aware that the annual report was not received by the corporation.

Please contact our office if you should have any questions concerning this matter.

Sincerely,


Janice M. Glassman
Legal Assistant

/jg
Enclosures

cc: Dorothy E. Walbridge