

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 24 PM 2:20

DOCUMENT # P02000033311

1. Corporation Name

Mr Rooter of Central Florida, Inc

2. Principal Office Address

5703 Red Bug Lake Rd

Suite, Apt. #, etc.

#144

City & State

Winter Springs, FL

Zip

32807

Country

Orange

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

03

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

03/21/02

5. FEI Number

04-3637769

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

John Burley

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

5703 Red Bug Lake Rd

Suite, Apt. #, Etc.

#144

City

Winter Springs

State

FL

Zip Code

32708

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

John Burley

Date

9/01/03

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
P	John E Burley	5703 Red Bug Lake Rd #144	Winter Springs, FL 32708
VP	Patricia J Burley	5703 Red Bug Lake Rd #144	Winter Springs, FL 32708

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 Burley

Patricia Burley

9/01/03

321 228-1944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25001 1/11/02

9/25/03