

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPLICATION
FOR
REINSTATEMENT

DOCUMENT # **P02000059653**

1. Corporation Name

PEEPLS PROFESSIONAL PLUMBING, INC.

Principal Place of Business

Mailing Address

7500 SW 42 CT
DAVIE, FL 33314

7500 SW 42 CT
DAVIE FL 33314

[Handwritten Signature]



REINSTATEMENT 2003

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

45-0479071

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	PEEPLS, MICHAEL S	7500 SW 42 CT	DAVIE FL 33314
ST	PEEPLS, SHARON	7500 SW 42 CT	DAVIE FL 33314

500023833675
10/16/03--01007--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEEPLS, MICHAEL
7500 SW 42 CT
DAVIE FL 33314

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **10-14-03**

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

10-14-03

Date

954-321-0019

Daytime Phone #

CR2E040 (7/03)



Peeples
Professional
Plumbing, Inc.
'Plumbing by Professionals'

Peeples Professional Plumbing, Inc.
7500 SW 42 ct.
Davie, Fl. 33314

202

October 14, 2003

Division Of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Fl. 32314-6327

Dear Sir or Madam:

I am writing this letter to state that I never received my annual report/uniform business report notices.

If you could please send me a copy w/ instructions on the procedures to follow I will gladly do so.

Sincerely,

Michael Peeples
President