

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P02000084179**

1. Corporation Name

**PARRA PLUMBING INC.**

Principal Place of Business

610 JIMMY ANN DR #6049  
DAYTONA BEACH FL 32114

Mailing Address

PMB 384 1500 BEVILLE RD STE 606  
DAYTONA BEACH FL 32114-5644

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

2. New Principal Office Address, If Applicable

11 Pine lake Parkway North

Suite, Apt. #, etc.

Unit F-2

City & State

Palm Coast, FL

Zip  
32137

Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/05/2002

5. FEI Number

562288689

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
PD	PARRA, BENJAMIN	610 JIMMY ANN DR #6049	DAYTONA BEACH FL 32114
VS	PARRA, BENJAMIN	610 JIMMY ANN DR #6049	DAYTONA BEACH FL 32114

600024378326  
11/03/03--01051--008 \*\*750.00

8. Name and Address of Current Registered Agent

PARRA, BENJAMIN  
610 JIMMY ANN DR #6049  
DAYTONA BEACH FL 32114

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

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

Beyan Parra  
REGISTERED AGENT MUST SIGN

Date

10-03-03

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:

Beyan Parra  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-30-03

Daytime Phone #

CR2E040 (7/03)