

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 12 PM 8:01

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P030000074066**

1. Corporation Name

PARAMOUNT PLUMBING BY DESIGN, INC.

2. Principal Office Address

10817 Queen Rd.

Suite, Apt. #, etc.

City & State

Port Richey, FL

Zip

34668

Country

USA

3. Mailing Office Address

10817 Queen Rd.

Suite, Apt. #, etc.

City & State

Port Richey, FL

Zip

34668

Country

USA

REINSTATEMENT 2005

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

7/7/03

5. FEI Number

020697394

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

DANIEL R. KELLY

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

10817 Queen Rd.

Suite, Apt. #, Etc.

City

Port Richey

State
FL

Zip Code

34668

800060455488
10/10/05--01068--011 **750 00

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

Daniel R. Kelly
REGISTERED AGENT MUST SIGN

Date **10.4.05**

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
PD	DANIEL R. KELLY	10817 Queen Rd.	Port Richey, FL 34668
VD	CLAYTON W. BARRESSE	10817 Queen Rd.	Port Richey, FL 34668

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.4.05 727.861.0921