

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 JUL 31 AM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000143896

**1. Corporation Name**

JOHNNY L MOOVER Plumbing Inc.  
W070000321636

**2. Principal Office Address - No P.O. Box #**

331 NW 2ND Terr

Suite, Apt. #, etc.

**3. Mailing Office Address**

331 NW 2ND Terrace

Suite, Apt. #, etc.

**City & State**

Deerfield Bch, FL

Zip

33441

Country

Broward

**City & State**

Deerfield Bch FL

Zip

33441

Country

Broward

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

11/24/2003

**5. FEI Number**

Applied for

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**

Johnny L. Moover

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

331 NW 2ND TERRACE

Suite, Apt. #, Etc.

**City**

Deerfield Bch

**State**

FL

**Zip Code**

33441

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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**

Johnny L. Moover

REGISTERED AGENT MUST SIGN

Date 7/2/07

**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
	<del>1377</del>		
owner	JOHNNY L. MOOVER	331 NW 2ND Terr.	200105652892 07/06/07 01060-008 ***450.00 Deerfield Bch. FL 33441
			200105652892 07/31/07 01021-002 ***600.00

**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 contained in Chapter 119, 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:**

JOHNNY L. MOOVER JOHNNY L. MOOVER

Date

7/2/07

Daytime Phone #

954-  
427-  
2962

9/1/07