

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 29 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000145508

1. Corporation Name

Paul Rushing Plumbing and Electrical, Inc.

700133717067

07/29/08--01024--009 **1058.75

REINSTATEMENT

06-08

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

55 Sidney Ave

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL

Zip

32433

Country

USA

3. Mailing Office Address

PO Box 1358

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL

Zip

32435

Country

USA

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

12/01/2003

5. FEI Number

593244328

☐ 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

Thomas H. Birka

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

220 N. 9TH STREET

Suite, Apt. #, Etc.

City

DeFuniak Springs

State

FL

Zip Code

32433

☐ 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

Thomas H. Birka

REGISTERED AGENT MUST SIGN

Date 7/28/2008

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	Paul W. Rushing	55 Sidney Ave	DeFuniak Springs, FL 32433
VP	Kirby W. Rushing	220 N. 9TH STREET	DeFuniak Springs, FL 32433
S/T	Sue B. Rushing	220 N. 9TH STREET	DeFuniak Springs, FL 32433

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:

Paul Rushing

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/2008

Date

850-892-3334

Daytime Phone #

7/30/08