

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000091150

1. Entity Name
PLUMB STRAIGHT PLUMBING OF ST AUGUSTINE INC



FILED
05 OCT -6 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3501 B NORTH PONCE DE LEON BLVD
ST AUGUSTINE, FL 32086

Mailing Address
3501 B NORTH PONCE DE LEON BLVD
ST AUGUSTINE, FL 32086

2. Principal Place of Business

3. Mailing Address

215 Dogwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Interlachen, FL

Zip

Country

32148

USA



10052005

REIN-P

CR2E098 (6/04)

4. FEI Number

20-1248670

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOD, CHARLES W
3501 B NORTH PONCE DE LEON BLVD
ST AUGUSTINE, FL 32086

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
WOOD, CHARLES W
3501 B NORTH PONCE DE LEON BLVD
ST AUGUSTINE, FL 32086 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
800060309798
10/06/05--01063--017 **150.00

TITLE
NAME
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OCT 07 2005

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #