


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--------------------------------------|---|---|
| DOCUMENT # 993000010924 | | FILED 97 JUL 11 AM 11:04 SECRETARY OF STATE TALLAHASSEE FLORIDA REINSTATEMENT 98-96 00 | |
| 1. Corporation Name Teaster Plumbing Company | | | |
| Principal Place of Business 210 Crescent Lake Dr. North Fort Myers, Fl. 33917 | | | |
| Mailing Address 210 Crescent Lake Dr. North Fort Myers, Fl. 33917 | | 4. Date Incorporated or Qualified To Do Business in Florida 2-8-93 | |
| 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country | | 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country | |
| 5. FEI Number 65-0387173 | | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$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 (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
| P | Howard M. Teaster, Jr. | 210 Crescent Lake Dr. | N. Fort Myers, Fl. 33917 |
| T/S | Virginia Teaster | 210 Crescent Lake Dr. | N. Fort Myers, Fl. 33917 |
| V | Nakia W. Teaster | 2175 Domonica Ave. | Fort Myers, Fl. 33905 |
| | | | 800002238548--0 -07/15/97--01066--007 ***1080.00 ***1080.00 |
| 8. Name and Address of Current Registered Agent Howard M. Teaster, Jr. 210 Crescent Lake Dr. N. Fort Myers, Fl. 33917 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL | |
| 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. Signature of Registered Agent H.M. Teaster, Jr. REGISTERED AGENT MUST SIGN Date 7-8-97 | | | |
| 11. Does this corporation pay any intangible tax to the Department of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.) | | | |
| 12. 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: H.M. Teaster, Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 7-8-97 (941) 997-5177 Daytime Phone # | |