

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUL 11 AM 11:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **993000010924**

1. Corporation Name
Teaster Plumbing Company

Principal Place of Business Mailing Address
**210 Crescent Lake Dr.
North Fort Myers, Fl. 33917**

REINSTATEMENT

98-96
00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 2-8-93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0387173	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	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		9. Name and Address of New Registered Agent	
Howard M. Teaster, Jr. 210 Crescent Lake Dr. N. Fort Myers, Fl. 33917		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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 No (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.* 7-8-97 (941) 997-5177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)