

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

OCT -3 AM 9:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000040868**

1. Corporation Name

Hise Plumbing, Inc.

2. Principal Office Address

284 Clearlake Road

Suite, Apt. #, etc.

City & State

Cocoa, FL

Zip

32922

Country

Brevard

3. Mailing Office Address

284 Clearlake Road

Suite, Apt. #, etc.

City & State

Cocoa, FL

Zip

32922

Country

Brevard

4. Date Incorporated or Qualified
To Do Business in Florida

June 1, 1993

5. FEI Number

59-3193849

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

Timothy A Hise

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

5465 Areca Palm Street

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32927

300004645153-7

-10/19/01-01025-029

****773.75 ****773.75

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

Timothy A Hise

REGISTERED AGENT MUST SIGN

Date 9/19/01

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
Pres.	Paul P. Hise	4900 Shade Tree Street	Cocoa, FL 32927
S/T	Timothy A. Hise	5465 Areca Palm Street	Cocoa, FL 32927

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy A Hise

Date

9/19/01

Daytime Phone #

321-633-9230

CR2E081 (9/00)