

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN 27 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000040868

1. Corporation Name

Hise Plumbing, Inc

2. Principal Office Address 641-61  
Clearlake Rd

Suite, Apt. #, etc.

City & State

Cocoa, FL

Zip

32922

Country

USA

3. Mailing Office Address 641-61  
Clearlake Rd

Suite, Apt. #, etc.

City & State

Cocoa, FL

Zip

32922

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6-11-1993

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)

641-61 Clearlake Rd

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32922

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

6-26-2006

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
VP	Timothy A Hise	5465 Area Palm St	Cocoa FL 32927
P	Paul P Hise	4900 Shade Tree St	Cocoa FL 32926

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:

Timothy A Hise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-26-2006 321633-9230

Daytime Phone #