

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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08-09-99  
REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 9930000460004  
1. Corporation Name MICHAEL NAVAROLI PLUMBING INC.

8719 150<sup>th</sup> CT. PALM BEACH GARDENS, FL.  
Principal Place of Business Mailing Address 33418

99 FEB 12 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600002784276-8

-02/23/99--01038--012

\*\*\*\*300.00 \*\*\*\*300.00

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

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc  
City & State  
Zip Country  
3. New Mailing Office Address, If Applicable  
8719 150<sup>th</sup> CT.  
Suite, Apt. #, etc  
City & State  
PALM BEACH GARDENS, FL.  
Zip 33418 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6-22-93  
5. FEI Number 65-0428040  
Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED ☐ \$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
D. T. S. M.	MICHAEL NAVAROLI	8719 150 <sup>th</sup> CT.	PALM BEACH GARDENS FL. 33418

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MICHAEL NAVAROLI  
8719 150<sup>th</sup> CT.  
PALM BEACH GARDENS.  
FL. 33418

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc  
City  
State FL Zip Code

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

REGISTERED AGENT MUST SIGN

Date 2-16-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99 561-575-6808  
Date Daytime Phone #

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MICHAEL NAVAROLI  
Plumbing Inc  
8719 150th Court  
P.B. Gardens, FL 33418

2-8-99

DIVISION OF CORPORATION,

I, MICHAEL NAVAROLI, have not received  
the annual report form for 1998 and that you please waive the  
reinstatement fee of 600.00 and I agree that is a one time  
privilege and I will be responsible in the future for any  
reports not received.

sincerely,

*mill*