

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 # P93000071740

1. Corporation Name

R. D. HESSING PLUMBING SERVICES, INC.

FILED

96 NOV 12 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1200 NE 48TH ST
STE 3
POMPANO BCH FL 33064
US

Mailing Address

1200 NE 48TH STY
STE 3
POMPANO BCH FL 33064
US

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

2. New Principal Office Address, If Applicable

117 SE 3 Street

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

3. New Mailing Office Address, If Applicable

117 SE 3 Street

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

10/08/1983

5. FEI Number

65-0396628

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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 |
|----------|-----------------------------------|---|------------------------|
| D | HESSING, ROBERT D | 4918 NE 14TH AVE | POMPANO BEACH FL 33064 |
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600002008536--S
-11/19/96-01144-019
***375.00 ***375.00

8. Name and Address of Current Registered Agent

HESSING, ROBERT D
731 NE 42ND ST
POMPANO BEACH FL 33064

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 9-25-96

11. Does this corporation pay any intangible tax to the Dept. 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)(l), 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

Robert D. Hessing

9-25-96

Date

954-421-4700

Daytime Phone #