

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 # P94000012257

1. Corporation Name

JEFF BAUER PLUMBING CO., INC.

Principal Place of Business

Mailing Address

4800 ROSSELLE ST
SUITE 203
JACKSONVILLE FL 32205
US

615 TALBOT AVE
JACKSONVILLE FL 32205

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6225 Ortega Farms Blvd
JAX. Florida
32244 Duval

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1994

5. FEI Number

59-3222336

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
P	BAUER, JEFFERY L	615 TALBOT AVE 6225 Ortega Farms Blvd	JACKSONVILLE FL 32244
ST	BAUER, SHERRY L	615 TALBOT AVE " SAME "	JACKSONVILLE FL 32244

REINSTATEMENT

8. Name and Address of Current Registered Agent

RAUSCH, LAWRENCE R
712 S EDGEWOOD AVENUE
JACKSONVILLE FL 32205

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

400002358354-1
11/26/97-01892-024
****750.00 ****750.00

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

REGISTERED AGENT MUST SIGN

Date 11-12-97

11. This corporation owes or has paid 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
Jeffrey Bauer JEFFREY BAUER 11/04/97 904 388 9488
Date Daytime Phone #

CR2E040 (06/97)