

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 21 AM 5:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 194000086473

1. Corporation Name

Dirty Deeds Plumbing Service, Inc.

2. Principal Office Address

1981 Della Drive

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34117

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**REINSTATEMENT** 0203

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0539373

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

Dwight Spicer

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

1981 Della Drive

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

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

Dwight Spicer  
REGISTERED AGENT MUST SIGN

Date

5-20-4

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
P	Dwight Spicer	1981 Della Dr, Naples	Naples, FL 34117
VP	Bradley Nielsen	4701 31st Ave S.W.	Naples, FL 34116
S	Erik Gutierrez	2732 Francis Ave.	Naples, FL 34112

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

Date

4-1-4

Daytime Phone #

(239)

825 1083