

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000076574**

1. Corporation Name

SAMPLE PLUMBING, INC.

Principal Place of Business

Mailing Address

484 FLAMINGO DRIVE
APOLLO BEACH FL 33572

484 FLAMINGO DRIVE
APOLLO BEACH FL 33572

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/1995

5. FEI Number

59-3307619

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SAMPLE, STEWART R	484 FLAMINGO DRIVE	APOLLO BEACH FL 33572
D	SAMPLE, KELLY P	484 FLAMINGO DRIVE	APOLLO BEACH FL 33572

600023863106
10/16/03 01005 017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CREASON, CHERYL A
105 7 AVE NE
RUSKIN FL 33570

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-13-03

11. 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

Daytime Phone #

10-13-03 813
645-0803

SAMPLE PLUMBING INC.

484 FLAMINGO DRIVE
APOLLO BEACH, FLORIDA 33572
PHONE: (813) 645-0853
FAX: (813) 641-2630

OCTOBER 13, 2003

DEPARTMENT OF STATE
PO BOX 6327
TALLAHASSEE, FLORIDA 32314

ATT: ANNUAL REPORTS DEPT.

RE: REINSTATEMENT

TO WHOM IT MAY CONCERN,

ENCLOSED IS A CHECK FOR OUR CORPORATION. I DID NOT RECEIVE ANY OTHER
BILLS EARLIER THIS YEAR. IF YOU WOULD PLEASE WAIVE THE REINSTATEMENT
FEE I WOULD GREATLY APPRECIATE IT.

PLEASE CONTACT ME AT YOUR CONVENIENCE WITH ANY QUESTIONS OR
COMMENT YOU MAY HAVE.

THANK YOU FOR YOUR HELP WITH THIS MATTER.

CORDIALLY,



KELLY P. SAMPLE
OFFICE MANAGER/V.P.