PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P96000016936 DOCUMENT#

1. Corporation Name

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HURRICANE PLUMBING & SPRINKLER SERVICES, INC.

Principal Place of Business 1313 THE AVENUE

Mailing Address

SOOL & MILITARY TOAL

FILED

99 DEC 27 PM 12: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA



#108 AVENUE LAKE WORTH FL-33460		LAKE WORTH FL 33463						
/								
If above add	dresses are incorrect in any way, line thro							
			ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/		00/00/40	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/23/19			96	
14 F	the second section is a second to the second		TT:	- two grants and the second	5. FEI Number			Applied For
West Palm Beach FL.		City & State			65-0649689			Not Applicable
2ip 331	115 Country USA	Zip	Country		<u> </u>	OF STATUS DESIRED I		
7. Names ar	nd Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit corpora	tions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3			City / State / Zip			
D	wood, susan Fanelli	219 ALPINE ROAD			W PALM BEACH FL 33405			
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8. Name and Address of Current Registered Agent					9. Name and A	Address of New Registe	ered Agent	-
MONROE, TERESA						Faine	21, <u>11 -</u>	-
	HARRET CIR			Street Address II	S. S. Minister	IATARY 7	RAIL	
	ACRES PL 33463			Suite, Apt. 1, P.S.	F			
				city West	-Palm	Beach	State Zip Q	33405
10. I, being	appointed the registered agent of the abo	ve named corpo	oration, am familiar wi	th and accept the o	bligations of Secti	ion 607.0505, F.S.	· · · · ·	
Signature of Registered A	Agent	CON	elliql	IRED		Date 10/2	25/90	7
<u>-</u>	RÈ	GISTERED AG	ENT MUST SIGN	_	<u>''</u>			
11. I certify t	that I am an officer or director or the receiv	er or trustee er	npowered to execute	this application as p	provided for in cha	apter 607 or 617, F.S. I f	urther 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.