

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

102

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 DEC 21 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000021980

1. Corporation Name

BLUE DOLPHIN PLUMBING, INC.

Principal Place of Business

Mailing Address

560 YALE RD.
VENICE FL 34293
US

560 YALE RD.
VENICE FL 34293
US

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/11/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0638995	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
VS	DEFORGE, ROBERT S	560 YALE ROAD	VENICE FL 34293
PT	MCCORD, MICHAEL F JR	1017 FOREST STREET	NOKOMIS FL 34275

300002724073--5
-12/28/98-01142-006
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEFORGE, ROBERT S 560 YALE ROAD VENICE FL 34293		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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]

SIGNATURE REQUIRED

Date 12-10-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

[Signature]
(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]

SIGNATURE REQUIRED

12-10-98

941-484-1915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)

2012

12-10-97

BLUE DOLPHIN PLUMBING INC.
560 YALE RD.
VENICE, FL 34293
941-484-1925

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

DEAR SIR,S

AS PER OUR PHONE CONVERSATION, WE ARE SENDING YOU A CHECK FOR \$150.00
FOR OUR CORPORATE RENEWAL. WE DID NOT RECEIVE OUR RENEWAL
PAPERWORK LAST YEAR AND DID NOT KNOW THAT ANY WAS NEEDED. WE NOW
UNDERSTAND THAT IF WE DO NOT RECEIVE ANY PAPERWORK BY FEB EACH YEAR
TO GET IN CONTACT WITH YOU SO THAT THIS MATER WILL NOT TAKE PLACE IN
AGAIN.

THANKING YOU IN ADVANCE FOR YOUR HELP AND COOPERATION.

Rob DeForge vice president



Blue Dolphin Plumbing Inc.