

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 # P96000069627

1. Corporation Name

FIRST WAY PLUMBING SUPPLY, INC.

Principal Place of Business

5332 NE 19TH TERRACE  
POMPANO BEACH FL 33064

Mailing Address

5332 NE 19TH TERRACE  
POMPANO BEACH FL 33064

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1050 SW 1st WAY

Suite, Apt. #, etc.

Deerfield Bch FLA

City & State

3. New Mailing Office Address, If Applicable

1050 SW 1st WAY

Suite, Apt. #, etc.

Deerfield Bch FLA

City & State

Zip

33441

Country

Broward

Zip

33441

Country

Broward

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4. Date Incorporated or Qualified  
To Do Business in Florida

08/19/1996

5. FEI Number

65-0688902

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
D	MAGGARD, PAUL	5332 NE 19TH TERRACE	POMPANO BEACH FL 33064
D	KRAHLING, MARK	2400 NE 10TH CT, APT #8	POMPANO BEACH FL 33062

100002699941--6

-12/02/98--01031--007

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

MAGGARD, PAUL  
1050 SW 1ST WAY  
DEERFIELD BEACH FL 33441

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11-16-98

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-16-98

Daytime Phone #

954-698-1080

CR2040 (9/98)