

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 22 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000107389**

1. Corporation Name

LNC PLUMBING INC

2. Principal Office Address

P.O. Box 995

3. Mailing Office Address

P.O. Box 995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OAKLAND, FL

City & State

OAKLAND, FL

Zip

34760

Country

USA

Zip

34760

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12-22-97

5. FEI Number

593483164

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

LOUIS N. COMTOIS

900005491798-3

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

75 S. DANIALS

05/08/02-01044-023

******450.00 ****450.00**

Suite, Apt. #, Etc.

City

OAKLAND

State

FL

Zip Code

34760

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3-6-02**

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/S/T	LOUIS N. COMTOIS	P.O. Box 995	OAKLAND, FL 34760

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-02 (407) 947-8360

Date

Daytime Phone #

CR2E081 (9/01)

2052

LNC PLUMBING INC

P.O. Box 995
Oakland, FL 34760

(407) 947-8360 ~ (407) 654-8975 * FAX

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

March 6, 2002

Subject: Request for Waiver of Late Fees

As a part of my filing a Corporation Reinstatement Form, I am respectfully requesting a waiver for the late fees for the years 2000, and 2001 due to the fact that these UBR forms were never received by me due to a change of address.

Old Address: 1026 Casasia Drive
Orlando, FL 32835

Current Address: P.O. Box 995
Oakland, FL 34760

Enclosed please find my check in the amount of \$450.00

\$150.00 For year 2000
150.00 For year 2001
150.00 For year 2002

Total: \$450.00

Sincerely,



Louis N. Comtois
President
LNC Plumbing Inc

cc: file