

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -1 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9800023632

1. Corporation Name

Guaranteed Plumbing of Tallahassee, Inc.

100024251284
10/29/03--01021--015 **750.00

REINSTATEMENT 2003

2. Principal Office Address

1115 Old Bainbridge Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 6158

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32304

Country

USA

City & State

Tallahassee, FL

Zip

32314

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 12, 1998

5. FEI Number

59-3497644

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

Ronald K. Sneed

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

1005 Calloway Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32304

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

Ronald K. Sneed

Date 10/1/03

REGISTERED AGENT MUST SIGN

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
Pres.	Ronald K. Sneed	1005 Calloway St.	Tallahassee, FL 32304
VP	Barry Staley	2958 Byington Circle	Tallahassee, FL 32309
Treas.	Ronald K. Sneed	1005 Calloway St.	Tallahassee, FL 32304
Sec.	Natalie Sneed	1005 Calloway St.	Tallahassee, FL 32304

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:

Ronald K. Sneed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/03 850-561-3702

Date

Daytime Phone #

CR2E081 (10/02)