

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004-2004
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 12 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000024644

1. Corporation Name
Tri-County Plumbing of Wokulla Inc

2. Principal Office Address

P.O. Box 513

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 513

Suite, Apt. #, etc.

City & State

Sopchoppy Fla.

City & State

Sopchoppy Fla.

Zip

32358

Country

U.S.

Zip

32358

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/17/1998

5. FEI Number

59-3500938

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

Gary Perkins

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

697 Persimmon Rd

Suite, Apt. #, Etc.

City

Sopchoppy Fla.

State

FL

Zip Code

32358

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]

Date

10/12/04

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
P.	Gary Perkins	697 Persimmon Rd	Sopchoppy Fla. 32358
U.P.	Billy B. Rathel	697 Persimmon Rd	Sopchoppy Fla. 32358
T.	Gary Perkins	697 Persimmon Rd	Sopchoppy Fla. 32358
S	Billy B. Rathel	697 Persimmon Rd	Sopchoppy Fla. 32358

10/22/04--01058--001 **300.00

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)(f), 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

10/12/04

Daytime Phone #

(850) 544-5061

CR2E081 (01/04)

I. Gary Perkins President & Agent
For Tri-County Plumbing of Wekulla Inc
Did Not Receive Annual Report For
The Year 2003

I. Gary Perkins

10/12/04