

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000061694

1. Corporation Name

DESOTO PLUMBING SERVICES, INC.

Principal Place of Business

Mailing Address

5700 NE RIVERBEND ROAD
ARCADIA FL 34266

5700 NE RIVERBEND ROAD
ARCADIA FL 34266



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0848056

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHANNON, JOHN	5700 NE RIVERBEND ROAD	ARCADIA FL 34266
SHANNON, MONICA	5700 NE RIVERBEND ROAD	ARCADIA FL 34266	

400025780094
12/26/03--01087--031 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUSCO, STEPHEN M
40 N. OSPRA 4 AVE
SUITE D
SARASOTA FL 34236

Name

STEPHEN M. MUSCO

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

1605 MAIN ST, SUITE 900

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/22/03

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN SHANNON

Date

12-19-03

Daytime Phone #

CR2040 (7/03)