

102

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV -7 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000073527

**1. Corporation Name**

Pat the Plumber, INC.

**REINSTATEMENT 03**

**2. Principal Office Address**

7710 SW 187th Ave

Suite, Apt. #, etc.

**3. Mailing Office Address**

7710 SW 187th Ave

Suite, Apt. #, etc.

**City & State**

Dunnellon, FL

**Zip**

34432

**Country**

USA

**City & State**

Dunnellon, FL

**Zip**

34432

**Country**

USA

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

08/21/1998

**5. FEI Number**

593527901

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

10/24/03 - 01060-018-X-150.00

**7. Name and Address of Current Registered Agent**

**Name**

Catherine Walsh

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

7710 SW 187th Ave.

**Suite, Apt. #, Etc.**

**City**

Dunnellon

**State**

FL

**Zip Code**

34432

MRS

**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

*Catherine Walsh*

Date 11/05/03

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
P	Catherine Walsh	7710 SW 187th Ave	Dunnellon, FL 34432
V	Patrick Walsh Jr.	7710 SW 187th Ave	Dunnellon, FL 34432
T	Patrick Walsh Sr.	7710 SW 187th Ave	Dunnellon, FL 34432

**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:**

*Catherine Walsh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/03

Date

(352) 489-6330

Daytime Phone #

CR2E081 (10/02)



861-2599 • 489-6330

November 5, 2003

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

Dear Sir or Madam:

We never received an application to renew our corporation for the year 2003,  
Also we had presumed our accountant had taken care of this matter. Please waive the 600.00 fee  
based on this information.

Enclosed is the \$150.00 for Report Fee & Corporate Supplemental Fees

Sincerely,

A handwritten signature in cursive script, appearing to read 'Catherine Walsh'.

Catherine Walsh  
President