

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

00 JAN 13 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000079215**

1. Corporation Name

MAINHART PLUMBING, INC.

Principal Place of Business

536 BROAD STREET
MASARYKTOWN FL 34609

Mailing Address

536 BROAD STREET
MASARYKTOWN FL 34609



REINSTATEMENT

99.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1998

5. FEI Number

59-3352272

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DIAZ, ONIEL	9642 NORM ST. 4122 Chesterfield DR.	HUDSON FL 34609 Spring Hill, FL 34609
D	MAINHART, RICHARD D	16926 ASMARA LN.	SPRINGHILL FL 34609

4000003103944--S
-01/20/00--01027--009
****908.75 ****908.75

8. Name and Address of Current Registered Agent

DIAZ, ONIEL
9642 NORM ST.
HUDSON FL 34609

9. Name and Address of New Registered Agent

Name

DIAZ, ONIEL

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

4122 Chesterfield Dr.

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34609

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

1/10/00

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.

KE

SIGNATURE:

[Signature]
ONIEL DIAZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00
Date

(352) 754-1484
Daytime Phone #

CR2E040 (8/99)