



APPLICATION FOR REINSTATEMENT

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

FILED

00 JAN 26 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000087921

1. Corporation Name

Diversified Piping Company, Inc.

Principal Place of Business

14961 NW 48th Avenue
Reddick, FL 32686

Mailing Address

PHYSICAL ADDRESS
P.O. Box 35
Reddick, FLA. 32686

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3543121

Not Applied For

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ ☒ ☐ ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Gerry C. Bellamy	P.O. Box 35	Reddick, FL 32686
		<i>PHYSICAL ADDRESS:</i> 14961 N.W. 48th AVE.	" " "
			300003119073-1 -02/01/00--01107--015 ****150.00 ****150.00
			300003119073-6 -02/01/00--01107--016 ****150.00 ****150.00 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Gerry C. Bellamy

Name

N/A

~~P.O. Box 35~~
~~Reddick, FL 32686~~

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

14961 N.W. 48th AVE.
Reddick, FLA. 32686

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Gerry Bellamy

REGISTERED AGENT MUST SIGN

Date 1/24/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 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

GERRY BELLAMY

12/9/99 (352)318-2614
Date Daytime Phone #