

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 20 PM 3:12

DOCUMENT # P98000088745

1. Corporation Name

PLUMBING BY JAMES MORROW, INC.

Principal Place of Business

5409 FERROL DRIVE  
WINTER PARK FL 32792

Mailing Address

5409 FERROL DRIVE  
WINTER PARK FL 32792

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/1998

5. FEI Number

593287371

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	MORROW, JAMES ANDREW	5409 FERROL DRIVE	WINTER PARK FL 32792
D	MORROW, DONITA B	5409 FERROL DRIVE	WINTER PARK FL 32792

700003026987--5

-10/27/99--01097--001

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

PALMER, WILLIAM D ESQUIRE  
3117PB EDGEWATER DRIVE  
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name

James A. Morrow

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

5409 Ferrol Drive

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32792

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

James A. Morrow

REGISTERED AGENT MUST SIGN

Date

10-15-99

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.

James A. Morrow

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-99 (407) 677-7773

Date

Daytime Phone #