

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

WD4000008732

DOCUMENT # P99000039483

1. Corporation Name

Paul Seebeck Plumbing Inc
30

FILED

04 MAR 15 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800029735378
03/15/04--01012--002 **150.00

2. Principal Office Address

3051 Kline Rd

Suite, Apt. #, etc.

City & State

Jax FL 3

Zip

32246

Country

Duval

3. Mailing Office Address

3051 Kline Rd

Suite, Apt. #, etc.

City & State

Jax FL

Zip

32246

Country

Duval

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

4/27/99

5. FEI Number

59-3583038

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

04-04

7. Name and Address of Current Registered Agent

Name

Paul Seebeck

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

3051 Kline Rd

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

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

Paul R. Seebeck

Date

1/31/04

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 | Paul Seebeck | 3051 Kline Rd | Jax FL 32246 |
| VP | Julie Sandlin | 3051 Kline Rd | Jax FL 32246 |
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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:

Paul R. Seebeck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL R. SEEBECK

Date

1/31/04 904-993-

Daytime Phone #

16498

CR2001 (10/02)

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