

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT -5 PM 2:38

DOCUMENT # P99000064821

1. Corporation Name

J.W. Vick Plumbing Inc.

200161356572
10/05/09--01071--016 **450.00

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #

1139 19th Ave. N

3. Mailing Office Address

1139 19th Ave. N

Suite, Apt. #, etc.

Apt. 6

Suite, Apt. #, etc.

Apt. 6

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33460

Country

Zip

33460

Country

4. Date Incorporated or Qualified
To Do Business in Florida

July 14, 1999

5. FEI Number

650932202

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph Wayne Vick

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

1139 19th Ave N

Suite, Apt. #, Etc.

Apt 6

City

Lake Worth

State

FL

Zip Code

33460

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Joseph W. Vick

REGISTERED AGENT MUST SIGN

Date 10/2/09

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
ALL OWNER	Joseph W. Vick	1139 19th Ave N, Apt 6	Lake Worth, FL/33460

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 contained in Chapter 119, 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:

Joseph W. Vick
Joseph W. Vick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/09

Date

561-714-0152

Daytime Phone #