

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED  
AND  
FILED

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

00 DEC 22 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

P99000089204

**1. Corporation Name**

Expert Plumbing, Inc.

**2. Principal Office Address**

9269 Larette Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32817

Country

US

**3. Mailing Office Address**

9269 Larette Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32817

Country

US

**REINSTATEMENT**

2000

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

10-08-1999

**5. FEI Number**

59-3605518

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

Randell W. Sexton

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

9269 Larette Drive

Suite, Apt. #, Etc.

City

Orlando, FL

State

FL

Zip Code

32817

**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

SEE ATTACHED

Date

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	Randall W. Sexton	9269 Larette Dr.	Orlando, FL 32817
VP	Ronald L. Sexton	"	"
S	Chevy W. Sexton	"	"

LS

**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.**

SEE ATTACHED

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

## FLORIDA DEPARTMENT OF STATE

CORPORATION  
RESTATEMENT

K. Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 899000089204

1. Corporation Name

EXPERT PLUMBING, INC.

2. Principal Office Address

9269 Larette Dr.

State, Apt. #, etc.

3. Mailing Office Address

9269 Larette Dr.

State, Apt. #, etc.

City &amp; State

Orlando, Florida

Zip Country

32817

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Zip Country

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To Do Business in Florida

10-08-1999

5. FEI Number

59-3605518

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒SH 75. Annual Report required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Randall W. Sexton

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

9269 Larette Drive

State, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32817

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of  
Registered Agent

Date

12-24-2000

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	Randall W. Sexton	9269 Larette Dr.	Orlando, FL 32817
VP	Ronald L. Sexton	" "	" "
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RANDY W. SEXTON 407-808-2790