

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **V19160**

1. Corporation Name

GOODWIN PLUMBING, INC.

Principal Place of Business

**2908 EDISON STREET AVE.
JACKSONVILLE FL 32205**

Mailing Address

**2908 EDISON STREET AVE
JACKSONVILLE FL 32205**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/1992

5. FEI Number

59-3110170

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
SP	SWEAT, DOLORES K	2908 EDISON AVE	JACKSONVILLE FL 32205
SP	JAMES W. SWEAT, JR	2908 EDISON AVE	JACKSONVILLE, FL 32205

**300002376493--6
-12/18/97--01062--008
***1088.75 ***1088.75**

8. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER STREET
JACKSONVILLE FL 32202**

9. Name and Address of New Registered Agent

Name
JAMES W. SWEAT JR
Street Address (P.O. Box Number is Not Acceptable)
2908 EDISON AVE
Suite, Apt. #, Etc.

City
JACKSONVILLE

State Zip Code
FL 32205

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 W. Sweat Jr
REGISTERED AGENT MUST SIGN

Date **12/11/97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *James W. Sweat Jr*

12/11/97 904-389-3411