

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V30154**

1. Corporation Name

SUN PLUMBING & MECHANICAL, INC.

Principal Place of Business

429-C NORTH RIDGEWOOD AVE.
EDGEWATER FL 32132

Mailing Address

P.O. BOX 1387
EDGEWATER FL 32132
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/1992

5. FEI Number

01-0552981

Applied For

NEW #

593421218

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	ALEXANDER, WILLIAM R.	429-C N. RIDGEWOOD AVE.	EDGEWATER FL
DST	ALEXANDER, MICHAEL H.	429-C N. RIDGEWOOD AVE.	EDGEWATER FL
D	ALEXANDER, CHARLES R.	429-C N. RIDGEWOOD AVE.	EDGEWATER FL

300009021113
11/15/02--01044--011 **750.00

8. Name and Address of Current Registered Agent

ALEXANDER, MICHAEL H.
429 C NORTH RIDGEWOOD AVE.
EDGEWATER FL 32132

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Michael H. Alexander **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11/11/02

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.

SIGNATURE:

William R. Alexander **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM R. ALEXANDER

Date

11/11/02 386-423-0273

Daytime Phone #