

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 NOV -6 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000155975

1. Corporation Name

Baird Plumbing Inc.

2. Principal Office Address

115 Murray Rd.

Suite, Apt. #, etc.

City & State

Panama Park, FL

Zip

32181

Country

America

3. Mailing Office Address

P.O. Box 521

Suite, Apt. #, etc.

City & State

Panama Park, FL

Zip

32181

Country

America

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

61-1466429

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Scott Baird

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

115 Murray Rd.

Suite, Apt. #, Etc.

City

Panama Park

State

FL

Zip Code

32181

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

*Scott Baird*

Date 10/25/06

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
D	Scott Baird	115 Murray Rd	Panama Park, FL 32181

B 11/9/06

400091347734

10/30/06--01048--012 \*\*1050.00

REINSTATEMENT DU-06

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:

Scott Baird

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/06

Date

386-546-3622

Daytime Phone #