

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 OCT 27 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F09000001769

1. Corporation Name

DESERT PLUMBING & HEATING CO., INC.

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

4475 W. QUAIL AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

4475 W. QUAIL AVENUE

Suite, Apt. #, etc.

City & State

LAS VEGAS

City & State

LAS VEGAS

Zip

89118

Country

USA

Zip

89118

Country

USA

REINSTATEMENT 10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 23, 1977

5. FEI Number

88-0141689

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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

*Reinstatement Fee waived. Our office did not update the mailing and principal address. FL was updated instead of NV. 10/27/10
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10/27/10*

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

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
D/CEO	Ronald N. Tutor	15901 Olden Street	Sylmar, CA 91342
D/P	Derrick I. Hodson	4475 W. Quail Avenue	Las Vegas, NV 89118
D/T	William Sparks	15901 Olden Street	Sylmar, CA 91342
VP	Alex Hodson	4475 W. Quail Avenue	Las Vegas, NV 89118
S	Jeffrey Campbell	4475 W. Quail Avenue	Las Vegas, NV 89118

10. E-mail Address: cbowens@lvdph.com

(To be used for future annual report notification)

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. I further certify 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:

Derrick I. Hodson

October 19, 2010 702.873.7333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #