


2005 FOR PROFIT CORPORATION REINSTATEMENT

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|---|---|
| DOCUMENT # F63995 1. Entity Name DYLEWSKI PLUMBING, INC. |  |
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FILED
05 APR 21 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 2285 SW ROYAL TRAIL STUART, FL 34997 US <i>Ranch</i> | Mailing Address 2285 SW ROYAL TRAIL STUART, FL 34997 US <i>Ranch</i> |
|--|--|



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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|--|-------------------------------|
| 4. FEI Number 59-2172116 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
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| 6. Name and Address of Current Registered Agent PASSOT, ROBERT 501 RIVERVIEW AVE STUART, FL 34994 | 7. Name and Address of New Registered Agent Name <i>PASSOT, Robert</i> Street Address (P.O. Box Number is Not Acceptable) <i>2285 RANCH TRAIL</i> City <i>STUART</i> FL Zip Code <i>34997</i> |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Robert Passot Pres/VAD* DATE: *4-14-05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|--|--|---|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD PASSOT, ROBERT 501 RIVERVIEW AVE. STUART, FL 34994 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD PASSOT, Robert 2285 S.W. RANCH TRAIL STUART, FL, 34997 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD PASSOT, ROBERT 501 RIVERVIEW AVE. STUART, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD PASSOT, Robert 2285 S.W. RANCH TRAIL STUART, FL 34997 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 800053931398 05/06/05--01006--002 **150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 800053931398 05/06/05--01006--003 **150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <i>8/15/2</i> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Passot* DATE: *4-14-05* (772)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR