2005 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: _

DOCUMENT # F63995 1. Entity Name DYLEWSKI PLUMBING, INC.							·	FIL 05 APR 21	.ED PM 3	3: 00		
Principal Place 2285 SW RS STUART, FL	yal trail 34997 l	S US	Mailing Address 2285 SW ROWAL TRAIL STUART, FL /34997 US RANCH				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal P	lace of Busin	ess	3. Mailing Address			-						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04142005	STATE		038 (e/d)	1-05	
City & State			City & State				4. FEI Numbe 59-217			1 1 1 1 1	plied For t Applicable	
Žip	p Country		Zip	Count	try		5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name	and Address of Curre	nt Registered Agent				7. Name and Address of New Registered Agent					
PASSOT, ROBERT 501 RIVERVIEW AVE						Name PASSOT, ROBUT						
						Street Address (P.O. Box Number is Not Acceptable)						
STUART, FL 34994						2285 RANCHTrail						
						City STUART FL 389997						
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.												
12 A 10 - 1 Robert DASSOL Brees INPO 4-14-05												
SIGNATURE // Signature, typed or printed name of registered agent and title if applyable. (NOTE: Registered Agent signature required when reinstating) DATE												
In accordance with a 607 102/21/h) E.S. tha												
FILE NOWIII FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.												
10.	· · ·	OFFICERS AN	ID DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
TITLE NAME	PD PASSOT,	PORFRT	☐ Delete	TITLE		PD	SOT, R	26-2		Change	Addition	
STREET ADDRESS	SS 501 RIVERVIEW AVE.				ET ADDRESS	22.	301 17 855.W	RANCHI	rail			
CITY-ST-ZIP		FL 34994		_	-ST-ZIP	STUA	T. Fl.	34997		Not observe	M Addition	
TITLE NAME	VPD PASSOT,	ROBERT	☐ Delete	TITLE NAMI		PASS	50T, Ros	bent		Change	Addition	
STREET ADDRESS					ET ADDRESS - ST-ZIP			RHNCH 34997	Trai			
CITY-ST-ZIP	STUART,	rL	☐ Delete	THE		3/4	9-7, Fl.	3997 /		☐ Change	☐ Addition	
NAME			— 5000	- NAM	E		80	000539	i⊇1:		_	
STREET ADDRESS CITY+ST-ZEP					et address -st-zip		05/06	70501006-	002	**150.	00	
TITLE			Detete	TITLE				****		Change	☐ Addition	
NAME STREET ADDRESS				NAM: STRE	E ET ADDRESS		80	000539	313	398		
CITY-ST-ZIP					-ST-ZIP		05/08	3/0501006-	003	**150.	00	
TITLE			☐ Delete	TITLE				Q 2/1	,	☐ Change	Addition	
NAME STREET ADDRESS				NAM. Stre	et address		7	161210				
CITY-ST-ZIP				ÇITY	-ST-ZIP			A				
TITLE NAME			☐ Delete	TITLE				·		☐ Change	☐ Addition	
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP		- 1-1	in a in the second seco		-ST-ZIP			O Florido Como I	4			
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.												
changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 17 1706-01 1735-01 11-14-05 283-8640											640	