

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 19 AM 10:17

DOCUMENT # **G97703**

1. Corporation Name
A GOOD PLUMBER, D.J. OF DADE, INC.

Principal Place of Business 9615 S.W. 16TH STREET MIAMI FL 33165-7609	Mailing Address 9615 S.W. 16TH STREET MIAMI FL 33165-7609
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REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 04/03/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-2660458
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	DEJONGE, DAVID	9615 S.W. 16TH STREET	MIAMI FL
VSD	DEJONGE, BARBARA	9615 S.W. 16TH STREET	MIAMI FL
			600003029196--1 -10/29/99--01057--004 ****758.75 ****758.75
			<i>JA 10/26</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEJONGE, DAVID 9615 S.W. 16TH STREET MIAMI FL	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL Zip Code

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.

Signature of Registered Agent *David A. DeJonge* REGISTERED AGENT MUST SIGN Date 10-12-99

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: *David A. DeJonge* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10-12-99 305 226 3399 Daytime Phone #

CR20200 (8/99)