PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 23 AM 8:00

DOCUMENT # K84729

1. Corporation Name

KEVIN HALL PLUMBING, INC.

REINSTATEMENT 97-03

300024043303
10/23/03--01025--006 **1658.75

2. Principal Office Address	**3.** Mailing Office Address
820 West 7th St.	820 West 7th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna Beach,FL	City & State: New Smyrna Beach, FL
Zip: 32168 Country: USA	Zip: 32168 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/2/89

5. FEI Number: 592956018 ☐ 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: KEVIN L. HALL

Street Address (P.O. Box Number is Not Acceptable): 820 West 7th Street

Suite, Apt. #, Etc.:

City: New Smyrna Beach, State: FL Zip Code: 32168

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: Kevin L. Hall Date: 10/20/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P,D	Kevin L. Hall	820 W. 7th St.	New Smyrna Beach, FL 32168

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 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.

Kevin L. Hall

SIGNATURE: Kevin L. Hall 10/20/03 386-689-4514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #