

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 26 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082313

1. Corporation Name
DYNASTY PLUMBING CORP.

600177712746
04/26/10--01059--010 **1358.75

REINSTATEMENT 06-10

2. Principal Office Address - No P.O. Box #
1101 N.W. 23rd St.

Suite, Apt. #, etc.

3. Mailing Office Address
1101 N.W. 23rd Street

Suite, Apt. #, etc.

City & State
Miami FL 33127-4520

City & State
Miami FL 33127-4520

Zip Country
U.S.A.

Zip Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida **07/30/2002**

5. FEI Number
020635392

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
Carlos A. Alvarado

Street Address (P.O. Box Number is Not Acceptable)
1101 N.W. 23rd Street

Suite, Apt. #, Etc.

City
Miami FL 33127-4520

State Zip Code
FL

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Carlos A. Alvarado*
REGISTERED AGENT MUST SIGN

Date 4/22/2010

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	Aida Alvarado	130 N.W. 76th Avenue	Pembroke Pines FL 33024
V/D	Carlos A. Alvarado	1101 N.W. 23rd Street	Miami FL 33127-4520

10. E-mail Address: _____

(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: *Carlos A. Alvarado*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2010 (305) 606-3871
Date Daytime Phone #