

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 DEC 17 PM 12:54

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000123194

1. Corporation Name

FLORIDA PLUMBING SERVICE TEAM INC

2. Principal Office Address - No P.O. Box #

334 EAST LAKE RD

Suite, Apt. #, etc.

SUITE # 162

City & State

Palm Harbor Florida

Zip

34685

Country

Arillas

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 09-12

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

8/25/2011

5. FEI Number

54-209-6592

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Cunningham & ASSOCIATES

Street Address (P.O. Box Number is Not Acceptable)

88100 05 19 N

Suite, Apt. #, Etc.

SUITE # 506

City

Clearwater

State  
FL

Zip Code

33761

300242830433  
12/17/12--01045--011 \*\*1208.75

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

Gene Compton

Date 10/14/12

REGISTERED AGENT MUST SIGN

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
President	William Rizo	3536 RIDGE BLVD	Palm Harbor FLA 34684

DEC 18 2012

T. CAULEY

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/12

Date

Daytime Phone #

10/14/12

TO Whom IT MAY CONCERN

PLEASE BE ADVISED THAT I  
WILLIAM ROZO DID A DISSOLUTION ONLINE  
FOR FLORIDA PLUMBING SERVICE TEAM LLC  
CONF # 800242386388, AND HAVE NO  
INTENT TO REINSTATE THAT COMPANY AGAIN.  
I WANT TO REINSTATE MY CORP.  
WHICH IS FLORIDA PLUMBING SERVICE TEAM INC.

Thank You  
William Rozo  
*W. Rozo*

IF YOU HAVE ANY QUESTIONS PLEASE  
CONTACT ME AT  
727-787-3520