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
04 MAR -5 AM 8:00

DOCUMENT # P98000050464

REINSTATEMENT 03-04

MRS

1. Corporation Name
All-State Plumbing Services,Inc.

2. Principal Office Address	3. Mailing Office Address
904 Jan Mar Ct.	904 Jan Mar Ct.
Suite, Apt. #, etc.: Suite E	Suite, Apt. #, etc.: Suite E
City & State: Clermont, FL	City & State: Clermont, FL
Zip: 34711 Country: United States	Zip: 34711 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3513880 ☐ 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: Joel Casimiro

Street Address (P.O. Box Number is Not Acceptable): 540 E. Minnehaha Ave.

Suite, Apt. #, Etc.:

800029965618
03/05/04--01069--019 **900.00

City: Clermont | State: FL | Zip Code: 34711

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: Joel Casimiro Date: 2/03/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Vice Pr	Keith Montgomery	120 Orange Ct.	Umatilla, FL 32784
Treasur	Connie Casimiro	540 E. Minnehaha Ave.	Clermont, FL 34711
Presid	Joel Casimiro	540 E. Minnehaha Ave.	Clermont, FL 34711

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.

SIGNATURE: Joel Casimiro Joel Casimiro 2/03/04 407-832-8805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #