APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P96000077069

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Plumbers Service, Inc.

Mailing Address: 7003 North Waterway Dr. #223, Miami, Fl. 33155
Principal Place of Business: Same

REINSTATEMENT 99
DO NOT WRITE IN THIS SPACE

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

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
7003 North Waterway Dr.	
Suite, Apt. #, etc.: #223	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State
Zip: 33155 Country: DADE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/16/96 SP

5. FEI Number: 65-0710216 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 A Fee Is 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Cabrera, Reinaldo M	10016 S.W. 20th St.	Miami, Fl. 33165
D	Padron, Flavio	2050 S.W. 64th Ave. Miami, Fl. 33144	Miami, Fl. 33144
D	Noriega, Jose	2610 S.W. 90th Ave	Miami, Fl. 33165

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

Cabrera, Reinaldo M.
10016 S.W. 20th St.
Miami, Fl. 33165

9. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

CR2E040 (6-94)

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: Reinaldo Cabrera. Date: 12/7/99
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Reinaldo Cabrera Date: 12/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #