

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
07 MAY 21 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 904000073228

1. Corporation Name

ALL AMERICAN PLUMBING OF HIGHLANDS COUNTY, INC.

*AR*

2. Principal Office Address - No P.O. Box #  
707 SPRUCE STREET

3. Mailing Office Address  
707 SPRUCE STREET

**REINSTATEMENT 05-07**  
COR2E081 (1/07) WOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
LAKE PLACID, FL

City & State  
LAKE PLACID, FL

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
51-0506199

Applied For

Not Applicable

Zip  
33852

Country  
HIGHLANDS

Zip  
33852

Country  
HIGHLANDS

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
MARIO RUSSO

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

Suite, Apt. #, Etc.

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.

City  
LAKE PLACID, FLORIDA

State Zip Code  
FL 33852

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

Date

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
PRES	MARIO RUSSO	707 SPRUCE STREET	LAKE PLACID, FL 33852

800102937975  
05/21/07--01023--005 \*\*450.00

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 contained in Chapter 119, 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:

*Mario Russo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-07  
Date

863-699-1229  
Daytime Phone #