


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 SEP 29 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 323165

1. Corporation Name
GUNN PLUMBING & HEATING, INC.
6601 TAMIAMI CANAL RD., MIAMI, FL 33126

2. Principal Office Address 6601 TAMIAMI CANAL RD Suite, Apt. #, etc.	3. Mailing Office Address 6601 TAMIAMI CANAL RD Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL
Zip 33126	Country MIAMI-DADE
Zip 33126	Country MIAMI-DADE

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida	11/16/1967
5. FEI Number	59-0717256
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name	GUNN, SHARRON J.	200023405922
Street Address (P.O. Box Number is Not Acceptable)	6601 TAMIAMI CANAL RD	
Suite, Apt. #, Etc.		
City	MIAMI	
State	FL	Zip Code 33126

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: Sharron J. Gunn REGISTERED AGENT MUST SIGN

Date: September 25, 2003

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
TS	GUNN, SHARRON J.	6601 TAMIAMI CANAL RD	MIAMI, FL 33126
PD	GUNN, WINSTON W., JR.	6601 TAMIAMI CANAL RD	MIAMI, FL 33126

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: Sharron J. Gunn Sharron J. Gunn 9/25/03 305-262-3318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Sh 9/30

CR2E081 (10/02)