

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 434752

1. Corporation Name

MAR-B PLUMBING CORPORATION

Principal Place of Business

Mailing Address

104 CRANDON BLVD
SUITE 402
KEY BISCAIYNE FL 33149
US

104 CRANDON BLVD
SUITE 402
KEY BISCAIYNE FL 33149
US

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

2. New Principal Office Address, If Applicable

104 CRANDON BLVD.

Suite, Apt. #, etc.

Suite 308

City & State

Key Biscayne

Zip

33149

Country

USA

3. New Mailing Office Address, If Applicable

104 CRANDON BLVD.

Suite, Apt. #, etc.

Suite 308

City & State

Key Biscayne

Zip

33149

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/1973

5. FEI Number

59-1588863

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee 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 3	City / State / Zip 4
PD	MARTINEZ, SILVIO	101 BUTTON WOOD DR	KEY BISCAIYNE FL

000024057510

10/23/03--01089--011 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOSE O PEREZ
5666 W. 9TH LANE
HIALEAH FL 33155

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-10-2003

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SILVIO MARTINEZ 10-10-2003 305-361-1039

CR2E040 (7/03)