

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -9 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

611697

1. Corporation Name

BIONIC PLUMBING CORP.

2. Principal Office Address

8011 SW 99th

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

Zip

33173

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-74

5. FEI Number

59-1941-797

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

600016677696
04/22/03--01072--005 **1950.00

7. Name and Address of Current Registered Agent

Name

GARY W ROBLOCK

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

8011 SW 99th

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

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

Gary W Roblock

REGISTERED AGENT MUST SIGN

Date 4-17-03

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.	GARY ROBLOCK	8011 SW 99th	MIAMI FLA 33173
VICEP.	MARIE ROBLOCK	8011 SW 99th	MIAMI FLA 33173

REINSTATEMENT 9503: ITS

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:

Gary W Roblock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 667 7100

4-17-03

Date

Daytime Phone #

CR2E081 (10/02)