

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
00 MAY -1 PM 12: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 614079

1. Corporation Name

ARES' PLUMBING, INC.

2. Principal Office Address

128 W. 15 ST.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

Zip

33010

Country

USA

Zip

Country

**REINSTATEMENT**

99-α

4. Date Incorporated or Qualified  
To Do Business in Florida

03/19/79

5. FEI Number

59-1969470

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ARES, ESTHER

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

128 W. 15 ST.

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33010

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

*Esther Ares*

Date 04/20/06

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
D.P.	ARES, ELISEO	128 W. 15 ST.	HIALEAH FL 33010
D.S.T.	ARES, ESTHER	128 W. 15 ST.	HIALEAH FL 33010

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\*\*\*\$300.00 \*\*\*\$300.00

SP

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:

*Eliseo Ares*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/00

Date

305-828-8255

Daytime Phone #