

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 036046

1. Corporation Name

Roll Plumbing, Inc.

2. Principal Office Address - No P.O. Box #

1101 Seafarer Cr.

Suite, Apt. #, etc.

Ste. 505

City & State

Jupiter, FL

Zip

33477

Country

Palm Beach

3. Mailing Office Address

1101 Seafarer Cr.

Suite, Apt. #, etc.

Ste. 505

City & State

Jupiter, FL

Zip

33477

Country

Palm Beach

7. Name and Address of Current Registered Agent

Name

May, Steven M.

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

1101 Seafarer Cr., Ste. 505

Suite, Apt. #, Etc.

Jupiter

City

State

FL

Zip Code

33477

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

REGISTERED AGENT MUST SIGN

Date

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
CEO	May, Steven M.	1101 Seafarer Cr., S. 505	Jupiter, FL 33477

10. E-mail Address: smay@pbgeconstruction.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Steven M. May

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
14 JUL -1 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300261880833
07/01/14--01023--007 **1358.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/1979

5. FEI Number

591939482

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status