PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

637676 DOCUMENT #

1. Corporation Name

RAMON GUILLEN PLUMBING, CORP.

Country

Principal Place of Business

Mailing Address

9550 NW 12 STREET

9550 NW 12 STREET

#16 A

#16 A

MIAMI FL 33172 US

City & State

Zip

MIAM! FL 33172

City & State

US

Zip

if above addresses are incorrect in any way, line three	ough incorrect information and enter correction below.	
New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	Date Incorporated or Quality To Do Business in Florid
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
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REINSTAL THENT OF ualified

FILED

03 DEC 18 AM 9: 27

SECRETARY OF STATE TALLAHASSES FLORIDA

09/27/1979 FEI Number

59-1939115

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED X

\$8.75 Additional Fee required for a Certificate of Status

7. Names	and Street Addresses	s of Each Officer and/or Director (Flo	rida nonprofit	corporations must list at	least 3 directors)		
Title(s)	2	Name of Officers and/or Directors	3	Street Address of E Officer and/or Direc		4	City / State / Zip
PD GUILLEN, RAMON		on	4305 SW	152 AVENUE		MIRAMAR FL 330)27
-				· - .		-	
					80 10/17/	002387 0301025(1348 102 **158.75
	fl. Name and	Address of Current Registered Age	ant.		9 Name and	Address of New Reg	stered Agent

Country

Name and Address of New Registered Agent

Name

4305 SW 152 AVENUE HOLLYWOOD FL 33027

GUILLEN, RAMON

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

Suite, Apt. #, Etc.

City

State Zip Code CH2E040 (7/03)

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 10/14/03

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 filling 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:

Ramon Guillen Plumbing, Corj 9550 NW 12th Street Miami, FL 33172

_December_17,.2003_

CONFIDENTIAL

Justin M. Shivers
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Justin M. Shivers,

When I first received the "Certificate of Administrative Dissolution or Revocation" in the mail, I didn't understand what it meant. At this time, I contacted the Department of Corporations and I spoke with someone in your department. They explained to me that we had not filed a renewal of our corporation through the state. I was terribly embarrassed and frustrated at the same time because I never received any documentation explaining that I needed to renew. From what I gathered with the person I spoke to over the phone, they informed me that I was supposed to have received an annual report. Well, needless to say, I never did.

It is because of this that I am writing this letter. I sent a cashier's check dated October 14, 2003 numbered 450907 which you have already claimed. Then about two weeks later, I had the attached documentation along with letter number 803A00057337 sent to my office. I am resending these documents along with this letter to inform you that I never received the UBR notices for the year 2003 and I would like the reinstatement fees to be waved.

I thank you in advance for your assistance in this matter and look forward to having this situation resolved as quickly as possible.

Respectfully,

Ramon Guillen
President
Ramon Guillen Plumbing, Corp.

rg