

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB 17 PM 3:31

SECRET
TALLAHASSEE

DOCUMENT # 653468

1. Corporation Name

SAM THE PLUMBER, INC.

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

7000 S.W. 99th AVENUE

3. Mailing Office Address

7000 S.W. 99th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33173

Country

USA

Zip

33173

Country

USA

300222274638
02/17/12--01023--001 **1050.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 01/24/80

5. FEI Number
59-1998835

☐ 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

BEA MOREMEN

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

6975 SW 99th AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

REINSTATEMENT 10-12

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

Bea Moremen
BEA MOREMEN
REGISTERED AGENT MUST SIGN

Date 2/14/12

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
P	SAMUEL T. BARBIERI	7000 S.W. 99TH AVE.	MIAMI, FL 33173
S/T	BEA MOREMEN	6975 SW 99th AVE	MIAMI, FL 33173

10. E-mail Address: SamThePlumberOne@gmail.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:

Samuel T. Barbieri
SAMUEL T. BARBIERI

Date

2/14/12

Daytime Phone #

305-271-5300