FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

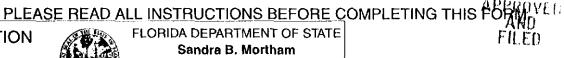
DIVISION OF CORPORATIONS

DOCUMENT #

657793

1. Corporation Name

ROBERTS PLUMBING CONTRACTORS, INC.



97 NOV 17 AM 11: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

11-14-97 305-294-4663
Date Date Daylinic Phone #

Principal P	lace of Business	Mailing Address			1 12010 Billi Billi (Chi I 1801 I 1801 I III Billi		
917 FRANCIS STREET KEY WEST FL 33040		917 FRANCIS STREET KEY WEST FL 33040					
If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable Sulte, Apt. #, etc. City & State		brough incorrect information and enter correction be 3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country			4. Date Incorporated or Qualified To Do Business In Florida 5. FEI Number 59-2108916 Applied For Not Applicable		
Zip Country				intry	6. CERTIFICA	CATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Fig	orida nonprofit corp	orations must list at lea	ast 3 directors)		
Title(s)	e(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zrp	
CVP	ROBERTS, M. EMIL		917 FRANCIS ST.		KEY WEST FL		
PD	ROBERTS, IDA H.	917 FRANCIS ST.			KEY WEST FL		
\$T	STEPHENS, CAROL L		917 FRANCES STREET			KEY WEST FL 33040	
					4	0000235: -11/18/37- *****750.00	11146 01091020 ****750.00
	B. Name and Address of Curren	l Registered Age	ent	9. Name and Address of New Registered Agent			
ROBERTS, IDA H 917 FRANCES ST KEY WEST FL 33040				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL			
10. I, being Signature o Registered	Agent	ful	oration, am familia GENT MUST SIGN		bligations of Sec		
11. Th	nis corporation owes or h angible Personal Prope	nas paid th	e current y June 30.	ear Yes 🂢	No 🗌		ide for Information angible tax.)
12. I certify	that I am an officer or director or the reconstatement application, the reason for dis-	elver or trustee er	mpowered to execu	ute this application as p	provided for in ch	napter 607 or 617, F.S. I furth ts of section 607.0401 or 617.	er certify that when filing 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.