2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F35889

Entity Name: AL COLEMAN PLUMBING, INC.

FILED Oct 02, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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% ALEXANDER COLEMAN, JR 485 LAKE HELEN DRIVE LAKE PLACID, FL 33852 US

Current Mailing Address: New Mailing Address:

% ALEXANDER COLEMAN, JR 485 LAKE HELEN DRIVE LAKE PLACID, FL 33852 US

FEI Number: 59-2100556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLEMAN, ALEXANDER, JR 485 LAKE HELEN DRIVE LAKE PLACID, FL 33852 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALEXANDER COLEMAN JR

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition COLEMAN, ALEXANDER, JR COLEMAN, ALEXANDER, JR Name: Name: 485 LAKE HELEN DRIVE 485 LAKE HELEN DRIVE Address: Address: City-St-Zip: LAKE PLACID, FL City-St-Zip: LAKE PLACID, FL 33852 US

Title: PVD Title: PVD (X) Change () Addition () Delete Name: COLEMAN, ALEXANDER JR. Name: COLEMAN, ALEXANDER JR. 485 LAKE HELEN DRIVE 485 LAKE HELEN DRIVE Address: Address: LAKE PLACID, FL LAKE PLACID, FL 33852 US City-St-Zip: City-St-Zip:

Title: TS () Delete Title: TS (X) Change () Addition

 Name:
 COLEMAN, DALE
 Name:
 COLEMAN, DALE

 Address:
 485 LAKE HELEN DRIVE
 Address:
 485 LAKE HELEN DRIVE

 City-St-Zip:
 LAKE PLACID, FL
 City-St-Zip:
 LAKE PLACID, FL
 33852 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE COLEMAN TS 10/02/2009