2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F60167

FILED Nov 25, 2008 Secretary of State

Entity Name: TOM SHELL PLUMBING, INC.	•
Current Principal Place of Business:	New Principal Place of Business:
7908 RUTILLIO CT. NEW PORT RICHEY, FL 34680 US	5801 SUN-GLO AVE. PORT RICHEY, FL 34668 US
Current Mailing Address:	New Mailing Address:
P.O.BOX 353 ELFERS, FL 34680 US	P.O. BOX 353 ELFERS, FL 34680
FEI Number: 59-2139131 FEI Number Applied For () FEI Number	mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
SHELL, THOMAS L 7908 RUTILLIO CT. NEW PORT RICHEY, FL 34680 US	SHELL, THOMAS L 5801 SUN-GLO AVE. PORT RICHEY, FL 34668 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: THOMAS L SHELL	11/25/2008
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: P () Delete Name: SHELL, THOMAS L., Address: 5653 GREENWOOD WAY City-St-Zip: HOLIDAY, FL	Title: () Change () Addition Name: Address: City-St-Zip:
Title: VP () Delete Name: SHELL, THOMAS L II Address: 4621 MURCROSS LN. City-St-Zip: NEW PORT RICHEY, FL 34653	Title: () Change () Addition Name: Address: City-St-Zip:
Title: VP () Delete Name: SHELL_DANIEL E	Title: () Change () Addition Name:

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.

Address:

City-St-Zip:

SIGNATURE: THOMAS L SHELL P 11/25/2008

10922 TARPON SPRINGS RD.

ODESSA, FL 33556

Address:

City-St-Zip: