·	PL	EASE READ	ALL INSTRUC	TIONS BEFOR	E COMPLET	ING T	HISTEBM.		
•	RPORATION	v A	FLORIDA DEPAR Kather Secreta	CORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 00 JAN 31 PM 3: 15			
DOCUMENT # G 89950 1. Corporation Name BoyD Plumbing & CONSTRUCTION INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Воч	10 Plumi	hing & cons	TRUCTION I	n C.					
2. Principal Office Address			3. Mailing Office Addr						
1801 CAROLINA AVA			1801 CARO				04.0		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				<u>44-</u> U		
			<u> </u>		Date Incorporated or Qualified To Do Business in Florida				
			City & State	5. FEI Numb			Applied For		
ORMOND BOACH, FLA. Zip Country			ORMOND BAR	<u>59-7</u>	2309	982	Not Applicated		
32/7	4	VOLUSIA	32174	VOLUZIA		E OF STATU	IS DESIRED 🔲 🚟	E-:	
	Name Dowald Di Boyi) Street Address (P.O. Box Number is Not Acceptable) /80 CAROLINA AVA Suite, Apt. #, Etc.					70000128567			
·	City OLMO	Nd BOACA				State FL	Zip Code 3 2 1 7 4		
8. I, being	appointed the reg	istered agent of the abo	ve named corporation, am	familiar with and accept t	the obligations of secti	ion 607.050	05 or 617.0503, F.S.		
Signature o Registered	Agent	onald A.	Buyd EGISTERED AGENT MUS	T SIGN		Date ₋	1/31/00		
9. Names	and Street Addres	sses of Each Officer and	l/or Director (Florida nonpi	ofit corporations must list	at least 3 directors)				
Titles	Name of Street Address of Eac Officers and/or Directors Officer and/or Director				Each ector	City / State / Zip			
Ausiden	ALBORT	ALBORT A. VILLANOVA SOUTH PUNNINGULA				PONCY INLY FIA.			
p L+PSul	SURPR ALBAT A. VILLANOVA SOUTH P.				L	PONCE INLET, FIA.			
VICE PROS DONALD D. BOYD			1801	1801 CARULINA AVE			ORMOND BANCH, FIA. 32174		
							/500-	DO-Adm	
			1				61.3	as-AR	

10. 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., 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:

Vice PROS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

88.75-ARSUAY