PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

1. Corporation Name

MORGADO

Plumbine Corporation

FILED

01 JAN 29 PH 1: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business 4610 S.W. 89 DE. miani, fl. 33/65

Mailing Address

4610 S, W. 89 MIAMI, AL. 33/65

If above a	iddresses are incorre	ect in any way, tine th	rough incorrect is	nformation an	d enter correction t	selow.	REIN:	STATEN	EN.	r al	
	ncipal Office Address	ling Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida						
Suite, Apt. #, etc. Suite, Apt. #				, etc.							
City & State City & State							65-00777219 Not Applicable				
Zip	Cour	ntry	Zip		Country	· · ·	6. CERTIFICATE	E OF STATUS DESIRE	\$8.75 for	Additional Fee require a Certificate of Status	
7. Names a	and Street Addresses	s of Each Officer and	/or Director (Flo	rida nonprofit	corporations must	list at lea	ıst 3 directors)		•		
Title(s) Name of Officers and/or Directors 1				1 0		Street Address of Each Officer and/or Director T Use Post Office Box Numbers)		City / State / Zip			
PST	LOBERTO	HORGAD	o JR.	461	o 5,w,	89	AVE.	Mikni,	AL.	33/65	
		<b>I</b>									
							•		18		
							5	00003	655	575	
								-02707	7011 58.75	)1021023 ***1058.75	
							,				
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent					
ROBERTO MORGADO JR.						Name					
ROBERTO MORGADO JR. Ablo S.W. 89 AVE. MIAMI, Pl. 33/65						Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, tr. 33/63					Suite, Apt. #, Etc.						
			1 .		City				State FL	Zip Code	
10. I, being	appointed the registe	ered age/it of the abo	bye named corpo	ration, am far	niliar with and acce	pt the ob	oligations of Section	on 607.0505, F.S.			
Signature of Registered /	Agent	LINUN RI	GISTERED AGI	ENT MUST S	IGN		<u> </u>	Date	18-	10	
	s corporation					s 🗆	No 🗆	(See	other side for on intangib	or information ble tax.)	
this reins	that I am an officer or statement application, the corporation have	, the reason for disso	olution has been	eliminated, th	e corporate name s	atisfies t	he requirements	of section 607.0401 (	or 617.0401		

signature shall have the same legal effect as if made under oath.

SIGNATURE:

Daytime Phone #