

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-98
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



APPROVED
AND
FILED

98 MAR 10 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K34551

1. Corporation Name

J B & P. Plumbing

Principal Place of Business

Mailing Address

505 NW 127th Miami FL 33168

400002453954--2

-03/11/98--01068--018

****600.00 ****600.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

505 NW 127th

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

1989

5. FEI Number

58-273819

Applied For

Not Applicable

City & State

Miami FL

City & State

Miami FL

Zip

33168

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| Pres. | BENJAMIN ROBERT | 505 NW 127th | MIAMI FL 33168 |
| V. Pres. | Precia Robert | 505 NW 127th | MIAMI FL 33168 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 97-98

Q. Alan
3/10/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENJAMIN ROBERT
585 N.W. 127th STREET
MIAMI, FL 33168

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

02-27-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] BENJAMIN ROBERT

2/27/98

305-757-7476

Date

Daytime Phone #

CR20040 (1/98)