


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	AND FILED 97 SEP -2 AM 9:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # L01249 1. Corporation Name PLUMB LEVEL & SQUARE, INC. 1791 Blount Road, Suite 211 Pompano Beach, Florida 33069			REINSTATEMENT <i>27</i>
Mailing Address Principal Place of Business 1791 Blount Road, Suite 211 Pompano Beach, Florida 33069			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Mailing Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For 65-0128677 Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
1	2	3	4
P/D	Kevin Martin	2640 N.E. 52nd Ct.	Lighthouse Point, Fla.
			000002283330--5
			-09/02/97--01189--009
			****500.00 ****500.00

8. Name and Address of Current Registered Agent Kevin Martin 2640 N.E. 52nd Ct. Lighthouse Point, Florida 33064	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City
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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 *Kevin Martin* Date *8-28-97*

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Kevin Martin* *8-28-97*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2040 (5/94)