

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 MAY -3 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000009038

1. Limited Liability Company's Name

FLORIDA PLUMBING LLC

700178052207
04/27/10--01017--018 **138.75

500174286375

04/02/10 01032 008 \$42.00

2. Principal Office Address - No P.O. Box # 3395 NW 79 AVE		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DORAL FLORIDA		City & State	
Zip 33122	Country US	Zip	Country

4. State/Country of Formation FL-USA	
5. Date Organized or Qualified To Do Business in Florida 3/12/03	
6. FEI Number 020686209	Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
HAGEN AND HAGEN PA

Street Address (P.O. Box Number is Not Acceptable)
3531 GRIFFIN ROAD

Suite, Apt. #, Etc.

City
FT. LAUDERDALE

State
FL

Zip Code
33312

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date 3/31/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ERIC DORMOY	6750 SW 102 TERRANCE	MIAMI, FL. 33156

REINSTATEMENT 08/10 AL

11. E-mail Address: EDORMOY@AOL.COM

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

[Signature]

Date 3/31/10

Daytime Phone # 786-210-7388

Typed or printed name of signing Managing Member/Manager

555.00