

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 14 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000053167

1. Limited Liability Company's Name

Plumbing PLUS LC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #

118 GARDNER DR

Suite, Apt. #, etc.

3. Mailing Office Address

118 GARDNER DR

Suite, Apt. #, etc.

City & State

Shalimar, FL

Zip

32579

Country

U.S.A.

City & State

Shalimar, FL

Zip

32579

Country

U.S.A.

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-0991535

☐ 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

Robert Joseph Thomas

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

118 GARDNER DR

Suite, Apt. #, Etc.

City

Shalimar

State

FL

Zip Code

32579

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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

Robert Joseph Thomas
REGISTERED AGENT MUST SIGN

Date 8 DEC 2010

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
<u>MANAGER</u>	<u>Robert Thomas</u>	<u>118 Gardner Dr</u>	<u>Shalimar, FL 32579</u>

REINSTATEMENT 2009-10

11. E-mail Address: WERTRENCLESS@yahoo.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

Robert Joseph Thomas

Date 8 DEC 10

Daytime Phone # 8503147567

Typed or printed name of signing Managing Member/Manager