

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV -7 PM 4:40

DOCUMENT # L04000045168

1. Limited Liability Company's Name

PLUMBING UNLIMITED OF FLORIDA LLC

CR2E041 (8/05)

2. Principal Office Address

240 N. BROAD ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3419

Suite, Apt. #, etc.

City & State

BROOKSVILLE FLA DUNNELLON FLA

Zip

34601

Country

USA

Zip

34430

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

6-11-04

6. FEI Number

SI-0509499

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

KIM BEYER

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

240 N. BROAD ST.

Suite, Apt. #, Etc.

City

BROOKSVILLE

State

FL

Zip Code

34601

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

*Kim Beyer*

REGISTERED AGENT MUST SIGN

Date

10/25/06

10. Names and Street Addresses of Managing Member/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM.	BARBARA BLACKBURN	37221 ORANGE VALLEY LANE SUITE # 2	DADE CITY, FL. 33525

REINSTATEMENT 2005-06

11. 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

*Barbara Blackburn*

Date 10/25/06

Daytime Phone #

(352) 799-7054

Typed or printed name of signing Managing Member/Manager

BARBARA BLACKBURN