

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # L04271

1. Corporation Name

LA ROCA PLUMBING, CORP.

Principal Place of Business

Mailing Address

1750-W-46-Street,-#238  
Hialeah,-FL-33012  
9049 NW 152nd Lane  
Miami, FL 33018

1750-W-46-Street,-#238  
Hialeah,-FL-33012  
9049 NW 152nd Lane  
Miami, FL 33018

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

2. New Principal Office Address, If Applicable  
None

3. New Mailing Office Address, If Applicable  
9049 NW 152nd Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Miami, Florida

Zip

Country

Zip

Country

33018

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/21/89

5. FEI Number

65-0131416

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HERRERA, LEOPOLDO R.	9049 NW 152nd Lane 1750-W-46-Street,-#238	Miami, FL 33018 Hialeah,-FL-33012
STD	HERRERA, LAURA	9049 NW 152nd Lane 1750-W-46-Street,-#238	Miami, FL 33018 Hialeah,-FL-33012

300002215793--4  
-05/18/97--01064--019  
\*\*\*1253.75 \*\*\*1253.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERRERA, LEOPOLDO R.  
1750-W-46-Street,-#238  
Hialeah,-FL-33012

Name

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

9049 NW 152nd Lane

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33018

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

LEOPOLDO R. HERRERA REGISTERED AGENT MUST SIGN

Date 6/6/97

11. 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.)

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  
LEOPOLDO R. HERRERA

6/6/97

Date

(305) 822-7565

Daytime Phone #

CR2E040 (12/96)