

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000021968

1. Limited Liability Company's Name
E. Hebert Plumbing, LLC

W16-26117

2. Principal Office Address - No P.O. Box #
7512 Martin Ave

Suite, Apt. #, etc

City & State

West Palm Beach, Fl.

Zip

33405

Country

US

3. Mailing Office Address
7512 Martin Ave

Suite, Apt. #, etc

City & State

West Palm Beach, Fl.

Zip

33405

Country

US

8. Name and Address of Current Registered Agent

Name

ED Hebert

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

7512 Martin Ave

Apt. #, Etc

City

West Palm Beach

State

FL

Zip Code

33405

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **3/29/16**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Ambr	Ed Hebert Owner	7512 Martin Ave.	West Palm Beach, Fl.33405

REINSTATEMENT

APR 21 2016

R. HUNT

11. E-mail Address: **edhebertplumbing@aol.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date **3/29/16**

Daytime Phone # **561-790-7053**

Typed or printed name of signing authorized representative/member **Ed Hebert**

FILED

16 APR 21 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

Florida, United States of America

5. Date Organized or Qualified
To Do Business in Florida

reinstatement

6. FEI Number

46-4766307

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a certificate of status**

100284235971
04/21/16--01013--001 **147.50

100284235971
04/05/16--01024--015 **238.75