PLEASE READ	ALL INSTRUCTI	ONS BEFORE	OMPLET	ING THIS FORM.	
APPLICATION FOR REINSTATEMENT					
DOCUMENT #LESO282 1. Corporation Name MCLAUCHLIN PLUMBING, INC,			99 DEC -6 AM 10: 13		
r	- ,		T	SECRETARY OF STATE	
Principal Place of Business Mailing Address					
TOPOSTHY MCLAUGHLIN 5722 SO, FLAMINGO ROAD (747) GUY ROAD #143					
CR. HANDO FL 32828	COOPER Ci	ry, FL, 33330	DEINO,	TATEBAENIT ALA MA	
If above addresses are incorrect in any way, line thro 2 New Principal Office Address, If Applicable	ough incorrect information ar	nd enter correction below.	I CPILIA	TATEMENT 90-99	-
			4. Date Incorpo To Do Busir	prated or Qualified less in Florida 2/9/1990	
Suite, Apt. #. etc	Suite, Apt. #, etc.		5. FEI Number	101700 http://	
Zip Country		Country	6.	S8 75 Additional Fee require	
			<u> </u>	For a Certificate of Status	
7. Names and Street Addresses of Each Officer and/ Title(s) 2 Name of Officers and/or Directors		t corporations must list at lea Street Address of Each Officer and/or Director NOT Use Post Office Box I		City / State / Zip	4
	571	2 So, FLAMINGO R		GODER CITY, FZ, 33331	
SEC ARBOLEDA, GLOI	5358	ELM CT. ANDO, FL 32	<b></b>		
THOULE UN 2 GUO	Op14	ANDO, FL 32	311	ORLANDO, F2. 32811	<u>_</u>
			_ 20	00030704421	ĺ
				***1217.50 ***1217.50	
				LS	
		, <u></u>			
Nama				ddress of New Registered Agent	8
MCLAUGHLIN, TIMOTHY 5722 SO, FLAMINGO KOAD #143 COOPER CITY, FL. 33330			Street Address (P.O. Box Number Is Not Acceptable)		
5722 50, FLAMING	43 Suite, Apt. #, Etc	· · ·		CR2E001 (12/	
Cooper City , FL.	City	City State Zip Code			
10. I, being appointed the registered agent of the abo	ve named corporation, am la	j imiliar with and accept the o	bligations of Section		1
Signature of Registered Agent	GISTERED AGENT MUST	SIGN		Date99	
11. This corporation owes the Intangible Personal Proper		30. Yes		(See other side for information on intangible tax.)	
12. Learning that I am an officer or director or the receiv this reinstatement application, the reason for disso owed by the corporation have been paid and the n on this application is true and accurate, and my sig	lution has been eliminated, t ames of individuals listed or	he corporate name satisfies in this form do not qualify for	the requirements an exemption unc	pter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees fer section 119.07(3)(i), F.S. The information indicated	
SIGNATURE: SIGNATURE AND TYPED OR PRI		M LAUGHLIN		11/15/99 954-629-7861 Date Destine Phone #	