

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

***Secretary of State**

DIVISION OF CORPORATIONS

***FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L61852

1. Corporation Name

AL DENOTO PLUMBING INC.

2. Principal Office Address

629 CABRERA ST.

Suite, Apt. #, etc.

3. Mailing Office Address

629 CABRERA ST.

Suite, Apt. #, etc.

City & State

KEY LARGO FL.

City & State

KEY LARGO FL.

Zip

33037

Country

U.S.

Zip

33037

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/03/1990

5. FEI Number

65-0186824

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

ALLEN DENOTO

100003497281-9

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

629 CABRERA ST.

12/12/00-01063-023

****908.75 ****908.75

Suite, Apt. #, Etc.

City

KEY LARGO

State

FL

Zip Code

33037

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Allen Denoto
REGISTERED AGENT MUST SIGN

Date

11/19/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	AL DENOTO	629 CABRERA ST.	KEY LARGO FL. 33037

10. 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

Allen Denoto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/00

Daytime Phone #

305-451-4723

CR2E081 (9/99)