PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. DOGE IST

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L71039**

1. Corporation Name

ANTHONY'S PLUMBING CONTRACTING, INC.

Principal Place of Business

Mailing Address

169 WEST MAINE AVENUE LONGWOOD FL 32750-5480 169 WEST MAINE AVENUE LONGWOOD FL 32750-5480

US

FILED

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If above a	addresses are	incorrect in any way, line	through incorrec	t information a	and enter correction below.				
2. New Pr	incipal Office	Address, If Applicable	New Mailing Office Address, If Applicable			.4. Date Incorporated or Qualified To Do Business in Florida 05/07/1990			
Suile, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Number Applied For			
Cit) & State			City & State				59-3003249 Not Applica		
Zip		Country	Zip		Country			.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ac	Idresses of Each Officer ar	nd/or Director (F	lorida nonprot	fit corporations must list at I	least 3 directors)			
Title(s) Name of Officers and/or Directors				3	Street Address of Ea Officer and/or Direct				
P	P GIOIA, GARY			306 TWELVE OAKS DRIVE			WINTER SPRINGS FL 32708		
					62 48	<i>70</i> 1			
	8. Nam	e and Address of Curren	t Registered A	gent		9. Name and Address of New Registered Agent			
GIOIA, GARY 306 TWELVE OAKS DRIVE WINTER SPRINGS FL 32708									
10. I, being	appointed the	e registered agent of the at	pove named con	poration, am fa	City amiliar with and accept the o	obligations of Sec	State FL		
Signature of Registered	f Agent _	Gouya	JUDI REGISTERED A		QUIRED	·····	Date	! 4, 2002	

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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

Nov. 4, 2002,

PACTOR

ANTHONY'S PLUMBING

169 West Maine Avenue Longwood, FL 32750 Telephone: 407-331-4662 Fax: 407-331-0889

November 4, 2002

To: Florida Department of State

Attention: Stacy Prather / Document Specialist

RE: Letter Number 701A00049845 / Document Number L71039

Anthony's Plumbing Contracting Inc., did not receive two (2) prior uniform business reports notices. I believe this was just an oversight in your department and reached me in error. I have enclosed Anthony's Plumbing Contracting Inc., certificate and reinstatement letter for a Florida Corporation dated September 4, 2001 verifying that we are just over a year. I have enclosed a check for \$150.00 to maintain our active status. Thank you for your attention in this matter.

Sincerely,

Gary Gloia President