

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

00 DEC 14 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L74840

1. Corporation Name

ULTRA PLUMBING INC

600003523966--8

-01/04/01--01103--008

***750.00 ***750.00

2. Principal Office Address

10265 SW 70 ST

Suite, Apt. #, etc.

3. Mailing Office Address

10265 SW 70 ST

Suite, Apt. #, etc.

City & State

MIAMI FLA.

City & State

MIAMI FLA

Zip

33173

Country

U.S.A.

Zip

33173

Country

U.S.A

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/90

5. FEI Number

65-0193872

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carlos M Rivero

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

10265 SW 70 ST

Suite, Apt. #, Etc.

City

MIAMI FL

State
FL

Zip Code

33173

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

Carlos M Rivero
REGISTERED AGENT MUST SIGN

Date

12-11-00

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
P	CARLOS M RIVERO	10265 SW 70 ST	MIAMI FL 33173

REINSTATEMENT

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:

Carlos M Rivero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/00

Daytime Phone #

(361) 596-2376