

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 21 PM 12:22



DOCUMENT # L97304 1. Entity Name FLORIDA PLUMBING AND HARDWARE CO., INC.					
Principal Place of Business 3395 NW 79 AVE MIAMI, FL 33122 US			Mailing Address 3395 NW 79 AVE MIAMI, FL 33122 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number 65-0213673			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SLEWETT, ROBERT D. 17071 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160				7. Name and Address of New Registered Agent Name ANGEL A. MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 6855 SW 92 ST Miami City Miami FL Zip Code 33144	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE ANGEL A MARTINEZ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 10-17-04	
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PST <input type="checkbox"/> Delete NAME MARTINEZ, ANGEL A STREET ADDRESS 12585 S.W. 60 AVE 6855 SW 92 ST CITY-ST-ZIP MIAMI, FL 33156			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 900042065963 CITY-ST-ZIP 10/21/04--01036--021 **758.75		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE ANGEL A MARTINEZ <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 10-17-04 Daytime Phone # 305.591-9300	

10/25/04