

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 FEB 18 AM 9:28

DOCUMENT # **M 79884**

1. Corporation Name

Select Plumbing Systems, Inc.

2. Principal Office Address

11250 SW 46 St

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Country

33165

33165

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/9/88

5. FEI Number

65-0139086

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Stephen Jones

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

11250 SW 46 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

800004991378--5

-02/22/02-01066-003

******300.00 ****300.00**

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

Stephen Jones

REGISTERED AGENT MUST SIGN

Date

2/13/02

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
PD	Stephen Jones	11250 SW 46 St	Miami FL 33165
D	Tongwongchai, Suwat	10350 SW 112 St	Miami FL 33176
D	Cawley, Vincent Sr	8251 SW 32 Terr	Miami FL 33165

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:

Stephen Jones **Stephen Jones, Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/13/02 (305) 586 4548

Daytime Phone #

CR2081 (9/01)