

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000022030**

1. Corporation Name

HI-TECH PLUMBING SERVICE, INC.

Principal Place of Business

Mailing Address

**5841 ALBERT RD
WEST PALM BEACH FL 33415**

**5841 ALBERT RD
WEST PALM BEACH FL 33415**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

231 Sandpiper Ave

Suite, Apt. #, etc.

PO Box 540003

City & State

Royal Palm Beach FL

City & State

Lake Worth FL

Zip

33411

Country

USA

Zip

33454

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/2000

5. FEI Number

65-0993965

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	GARCIA, ABIEL	5841 ALBERT RD 231 Sandpiper Ave Royal Palm Bch, 33411	WEST PALM BEACH FL 33415

**800023766088
10/13/03 01097 026 **150.00**

8. Name and Address of Current Registered Agent

**GARCIA, ABIEL
5841 ALBERT RD
WEST PALM BEACH FL 33415**

9. Name and Address of New Registered Agent

Name **GARCIA, Abiel**
Street Address (P.O. Box Number is Not Acceptable)
231 Sandpiper Ave
Suite, Apt. #, Etc.
City **Royal Palm Beach** State **FL** Zip Code **33411**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Abiel Garcia

REGISTERED AGENT MUST SIGN

Date

10/9/03

11. 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:

Abiel Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

FILED

03 OCT 13 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

CR2E040 (7/03)



"For All Your Plumbing Needs"

Thursday, October 09, 2003

Florida Dept. of State
PO Box 6327
Tallahassee, FL 32314-6327

Re: Document # P00000022030
FEIN: 65-0993965

To Whom It May Concern:

After speaking with Casey this morning, I was instructed to write you this letter to advise you that we have NOT received the prior two reports that were mailed out in January & May. Please accept our sincere apologies for this mishap, we are new to the business trade and are not well informed of all the paperwork & reports that are needed. This is the first time I have been notified that such application is needed on a yearly basis. Attached you will find our check for \$150.00 for the filing fee, please mail me any pertinent information from now on to: PO BOX 540003, Lake Worth Florida 33454. If there is anything else please call me at 561-790-5556.

Thank you for your time & understanding.

Respectfully,

Abel Garcia- President
Hi-Tech Plumbing Service, Inc.