

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 18 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/06/02--01071--012 **150--00



DOCUMENT # P00000062108

1. Corporation Name

ALL PLUMBING, INC.

Principal Place of Business

184 NEPTUNE DR.
HYPOLUXO FL 33462

Mailing Address

184 NEPTUNE DR.
HYPOLUXO FL 33462

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3659225

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ZURLO, EUGENE	184 NEPTUNE DR.	HYPOLUXO FL 33462

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZURLO, EUGENE
184 NEPTUNE DR.
HYPOLUXO FL 33462

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Eugene Zurlo
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-30-02

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:

Eugene Zurlo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-1-02

Date

Daytime Phone #

(561)
5337114

CR2E040 (8/02)

October 31, 2002

All Plumbing, Inc.
184 Neptune Dr.
Hypoluxo, Fl 33462

To:
Florida Dept. of State

To Whom it may Concern:

We did not receive our prior UBR notices and ask that you reinstate us and waive the reinstatement fee. Our office has been under major remodeling since May and that might have contributed to the failure to receive the notices. We apologize.

Enclosed is the \$150.00 fee due.

Thank you!

Eugen S. Zuloaga