


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000117518	
1. Entity Name DOLPHIN PLUMBING OF POLK COUNTY, INC.	

Principal Place of Business 554 PABLO STREET LAKELAND, FL 33803	Mailing Address 554 PABLO STREET LAKELAND, FL 33803
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
04 DEC -2 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11022004 REIN-P CR2E098 (6/04)

4. FEI Number 59-3692183		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NIPPER, LISA M 554 PABLO STREET LAKELAND, FL 33803	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Lisa M. Nipper* DATE *11/26/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIPPER, LISA M 554 PABLO STREET LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800043094338 12/01/04--01013--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIPPER, WILLIAM JAY 554 PABLO STREET LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lisa M. Nipper* DATE *11/26/04* DAYTIME PHONE # *(863) 687-3593*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



554 Pablo Street  
Lakeland, Florida 33803  
(863) 687-3593

November 29, 2004

Florida Department of State  
Division of Corporations, Corporate Records  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs,

Enclosed you will find our 2004 Corporation Reinstatement form signed & a check for \$150.00.

We never received the original bill for \$150 so therefore we do not feel we owe \$750 to reinstate our corporation. Upon discussing this matter with our accountant we were told that this year a post card was send out for renewal & lots of her customers did not receive or over looked the renewal.

Please send us a receipt that you have received this & reinstated our corporation.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Lisa M. Nipper'.

Lisa M. Nipper  
Owner  
Dolphin Plumbing of Polk Co., Inc.

LMN/msw  
enclosure