

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000035996

1. Corporation Name

PLUMBING REPAIR SERVICES, INC.

Principal Place of Business

70 WEST 22 STREET  
MIAMI FL 33010

Mailing Address

70 WEST 22 STREET  
MIAMI FL 33010

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified  
To Do Business in Florida

04/09/2001

5. FEI Number

65-1094144

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	JOHNSON, RUSSELL	1162 NW 55 STREET	MIAMI FL 33127

500008729735  
10/31/02--01067--022 \*\*750.00

8. Name and Address of Current Registered Agent

ELLIS, HERBERT W  
2915 NW 60 STREET  
MIAMI FL 33142

9. Name and Address of New Registered Agent

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

Herbert W. Ellis  
REGISTERED AGENT MUST SIGN

Date 10/28/02

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)(l), 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:

Russell Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

Date

Daytime Phone #

786-512-4325

CR2E040 (8/02)