

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 23 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 62-04

DOCUMENT # P01000056946

1. Corporation Name

Two Tuell Inc. d/b/a  
Reliance Plumbing

2. Principal Office Address

390 Corporate way  
Suite, Apt. #, etc.

3. Mailing Office Address

Po Box 520003  
Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32750

Country

U.S.A.

Zip

32752

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

JUNE 2001

5. FEI Number

52-2322549

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert TORRENZO

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

122 W. Church Ave

Suite, Apt. #, Etc.

City

Longwood

State  
FL

Zip Code

32750

180039487821  
07/23/04--01076--002 \*450.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

6/25/04

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
President	SCOTT TUELL	381 Augustine CT	DUNEDON, FL 32765

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
Scott Tuell President

10/25/04

Date

407-831-4459

Daytime Phone #

CR2E081 (01/04)