

H03000048804 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 11 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085609

1. Corporation Name

NODARSE PLUMBING, CORP.

2. Principal Office Address

2553 W. 76 Street

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Zip

33016

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8-29-2001

5. FEI Number

65-1134023

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

ISRAEL, NODARSE

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

2553 W. 76 Street

Suite, Apt. #, Etc.

City

Hialeah

State
FL

Zip Code

33016

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

Israel Nodarse

REGISTERED AGENT MUST SIGN

Date **2-10-03**

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
P/D	Isael Nodarse	2553 W. 76 Street	Hialeah, FL 33016.
VP	GERARDO, NODARSE	2553 W. 76 Street	Hialeah, FL 33016.

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)(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:

Israel Nodarse **ISRAEL NODARSE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-03

Date

Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850) 205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

NODARSE PLUMBING, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00