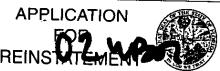
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P01000098497
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Corporation Name

A PLUMBER FOR LESS, INC.

Principal Place of Business

Mailing Address

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1170 GULF BOULEVARD **ENGLEWOOD FL 34223** 

SIGNATURE:

1170 GULF BOULEVARD ENGLEWOOD FL 34223

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TALLAHASSEE, FLORIDA



11-9-02 Daytime Phone #

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New Principal Office Address, If Applicable 3. New Mailing Office Address,				pplicable	4. Date Inco	06-03-02 91/96 022 \$158.75 4. Date incorporated or Qualified			
Suite, Apt. #, etc. Suite, Apt.			#. etc.	<del></del>	To Do Bu	To Do Business in Florida 10/04/2001			
City & State						5. FEI Number Applied For			
		City & Sta	City & State			65-1143403 Not Applicable			
Zip	Country	Zip	Country	**.	CERTIFICA	TE OF STATUS DESIRED   SE	8.75 Additional Fee requ		
7. Names	and Street Addresses of Each Of	flicer and/or Director /F	lorida nassasii	-		TE OF STATUS DESIRED []	for a Certificate of State	us	
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1	2 and/or Dire	ctors	3 Offic	er and/or Direc	ctor	City / S	State / Zip		
PSD COLLINI, JOE			1170 GULF BOULEVARD			ENGLEWOOD FL 34223			
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	8. Name and Address of C	Current Registered Ag	ent		9. Name and	Address of New Registered A	Agent	_	
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COLLINI, JOE 1170 GULF BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)					
ENGLEWOOD FL 34223						is Not Acceptable)		200	
			5	Suite, Apt. #, Etc	c			—   è	
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·	appointed the registered agent of	and above named corpo	oration, am familiar with a	nd accept the o	obligations of Section	on 607.0505, F.S. or 617.0505	i, F.S.		
	1 / 1/1		//						
gnature of egistered A	agent _	TUIN H	CEQUI	RFN		Date 1/-9-	c2 0		
		REGISTERED AG				Date _// _	02	-	
I certify t	hat lam an officer or director or the tatement application, the reason to	e receiver or trustee em	Dowered to execute this	application			<del>-</del>	_	
this reinst owed by	tatement application, the reason to the corporation have been paid an	or dissolution has been	eliminated, the corporate	name satisfies	provided for in chap the requirements of	ater 607 or 617, F.S. I further cost section 607,0401 or 617,040	ertify that when filing		
on this ap	the corporation have been paid are oplication is true and accurate, and	my signature shall hav	Jais listed on this form do te the same legal effect a	not qualify for sift made under	an exemption under oath.	er section 119.07(3)(i), F.S. Th	ne information indicated		
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## A Plumber for Less Inc.

Licensed Master Plumber 1170 Gulf Boulevard, Englewood, Fl. 34223 941.473.5506

Florida Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

R.E. Reinstatement of corporation

To whom it my concern, my name is Joe Collini, and am the owner of A Plumber for Less Inc. I recently received a letter from your department explaining a notice of administrative dissolution or revocation. I feel this is a mistake. I sent a check into your office around May. There after we found out you never received this check. I contacted my bank and found out the check had never been cashed. I spoke to a representative from your office and explained my situation. They informed me that I should send a letter explaining what had happened and another check. On May 20<sup>th</sup>, 2002, I sent in another check for \$158.75, payable to the Department of State. Along with a letter explaining what had happened. I checked with my bank to make sure this check was cashed. You department cashed this check on June 5<sup>th</sup>, 2002. I received the notice of dissolution in the mail, and there after I called your offices. They informed me that they sent me a rejecting letter on June 6<sup>th</sup>, 2002, to make some corrections. I never received this letter in the mail, or I would have sent it back with the correct information. I appreciate your cooperation with this matter.

Sincerely, Joe Collini

//-//-02