

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 APR 19 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 101000101173

1. Corporation Name

DBE PLUMBING CONTRACTORS, INC.

2. Principal Office Address

1326 SE 10<sup>th</sup> ST

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

Country

33990

U.S.A.

3. Mailing Office Address

1040 AVERLY ST.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip

Country

33919

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

10-18-2001

5. FEI Number

59-3758761

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 A. BURSON, P.A.

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

310 WEST FIRST ST.

Suite, Apt. #, Etc.

ST

City

STUART

State

FL

Zip Code

34994

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

*Robert A. Burson*

Date

4/14/04

REGISTERED AGENT MUST SIGN

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
PRES.	YVONNE A. ROHALEY	1040 AVERLY ST.	FORT MYERS, FL 33919
V. PRES	DENIS P. ROHALEY	1040 AVERLY ST	FORT MYERS, FL 33919

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:

*Yvonne A. Rohaley*

YVONNE A. ROHALEY

Date

4-15-04 (239)437-0092

Daytime Phone #