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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTA	PRATION ATEMEN		Secreta DIVISION OF	RTMENT OF STATE ary of State		0 <b>4</b>	FILE  APR -9  CRETARY C	AH II: 29	
DOCUM 1. Corporation I AFI	ENT # Name FORD I	PO1000 ABLE PL	)12/269 uuB/NG S	ERVICES INC		TAL	LAHASSEE	FLORIDA	土
2. Principal Offi		· A-FC OIC	3. Mailing Office Add		800031282978 03/26/0401079024 **300.00				
3934 Suite, Apt. #, etc		SATE AVE	SAME Suite, Apt. #, etc.		03/26/	/U4U1U73 	)UZ4 *:	* <u>`</u>	
City & State			City & State			orated or Qualified tess in Florida	าล ลา	01	
WEST-	PACM	BEACH, A			5. FEI Number	0009	977	Applied For	
zip 3340	9 Cou	ntry	Zip	Country	6.	OF STATUS DESIRE	\$8.75 Add	ditional Fee required	
			7. Name an	d Address of Current Registe	ered Agent	<u>.</u>	. <u>.                                   </u>		
s		P.O. Box Number s N	TGATE	AVEDUR		State Zip C	3409		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN						Date 3/19/04			
· ·	Street Addles	ses of Each Officer an	id/or Director (Florida nor	nprofit corporations must list at Street Address of Ea					
Titles	Off	cers and/or Directors		Officer and/or Direct	tor	City / State / Zip			
tres _	GH0	P. Lime	E, III L	SPB, FC		WPB, PC 33409			
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this reinstate owed by the	tement applicate corporation he dication is true	ion, the reason for dis ave been paid and the and accurate and my	solution has been elimina e names of individuals list signature shall have the s	ed to execute this application as sted, the corporate name satisfi ed on this form do not qualify to same legal effect as if made uni	ies the requirements or an exemption und	of section 607.040 er section 119.07(	01 or 617.0401, F 3)(i), F.S. The info 4 56/-	S., that all fees ormation indicated	
	SIGNAT	URE <b>JÁN</b> ÍO TYP <b>É</b> D OR P	RINTED NAME OF SIGNING	OFFICER OR DIRECTOR		Date	Daytime P	hone#	i i

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## AFFORDABLE PLUMBING SERVICES, INC. 2934 Westgete Avenue West Palm Beach, Fl 33409 561-624-1936 561-682-9887 FAX



March 12, 2004

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find our reinstatement form for the above referenced corporation. We had filed our annual report in 2003 on April 4, 2003 (copy attached). We would greatly appreciate it if the penalties and late fees could be waived due to the fact that we never received any retices or any other correspondence.

If you need any further information, please feel free to contact us.

Sincerel

John F. Little, III

JPL/xap

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