

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 SEP 27 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000005444

1. Corporation Name

METRO Plumbing Inc.

2. Principal Office Address

14520 Peebles Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

14520 Peebles Dr.

Suite, Apt. #, etc.

City & State

Astataula, FL

City & State

Astataula, FL

Zip

34705

Country

U.S.A.

Zip

34705

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

1/16/2002

5. FEI Number

300021255

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JASON MARRE

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

14520 Peebles Dr.

Suite, Apt. #, Etc.

City

Astataula

State

FL

Zip Code

34705

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

REGISTERED AGENT MUST SIGN

Date 9/23/05

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.	JASON MARRE	14520 Peebles Dr.	Astataula, FL, 34705

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:

(JASON MARRE)

9/25/05 321-303-4939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/27/05