

# 2004 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000014646**

**1. Corporation Name**

PLUMBING SOLUTIONS CORPORATION  
12520 SW 7 PLACE DAVIE, FL 33325

**2. Principal Office Address**

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 02/08/2002

**5. FEI Number**

01-0599034

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

OLMEDA, NELSON

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

12520 SW 7 PLACE

Suite, Apt. #, Etc.

City

DAVIE

State  
**FL**

Zip Code  
33325

**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

9-2-04

**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
DP	OLMEDA, NELSON	12520 SW 7 PLACE	DAVIE, FL 33325

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-2-04

Daytime Phone #

CR2E081 (01/04)

FROM :

FAX NO. : 9545720624

Sep. 21 2004 01:30PM P1

# **PSC PLUMBING SOLUTIONS CO**

12520 SW 7<sup>TH</sup> Place

Davie, FL 33325

Phone: 786 486 2435 Fax: 954 370 5169

~~September 21, 2004~~

Ref: Letter# 604A00054362

To Whom It May Concern:

Please be advised that we did not receive the annual report notice.

Sincerely



Nelson Olmeda  
Director