

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000014646**

1. Corporation Name

PLUMBING SOLUTIONS CORPORATION

Principal Place of Business

12520 SW 7 PLACE
DAVIE FL 33325

Mailing Address

12520 SW 7 PLACE
DAVIE FL 33325

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	OLMEDA, NELSON	12520 SW 7 PLACE	DAVIE FL 33325

700023749437
10/13/03--01063--010 **150.00

8. Name and Address of Current Registered Agent

OLMEDA, NELSON
12520 SW 7 PLACE
DAVIE FL 33325

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Nelson Olmeda

REGISTERED AGENT MUST SIGN

Date 10/10/03

11. 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:

Nelson Olmeda

Nelson Olmeda

10/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

Plumbing Solution Co
12520 SW 7 PL
DAVIE FL 33325
786-486-2435

To. Who it MAY CONCERN
From. Nelson Olmeda Pres.
Re. Never Receive ANY NOTICE

DEAR Sir I did NOT Receive ANY NOTIFICATION
REGARDING 2003 ANNUAL business Report I DID
PAY MAY \$190.00 BACK IN MAY PLEASE I NEED TO
BE RE INSTATE OR ACTIVE ENCLOSE IS MY CHECK FOR
\$150.00 FOR REINSTATEMENT

Thank you

IN ADVANCE

Nelson Olmeda Pres.

Nelson Olmeda Pres.