

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

04 JAN -2 PM 1:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000056132**

1. Corporation Name

**AAA & J PLUMBING AND DRAIN CLEANING INC.**

Principal Place of Business

Mailing Address

759 NW 42 PLACE  
 POMPANO BEACH FL 33064

759 NW 42 PLACE  
 POMPANO BEACH FL 33064

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



REINSTATEMENT 07

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/20/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State  
~~Loxahatchee, FL~~

City & State  
~~Loxahatchee, FL~~

01-0698957

Not Applicable

Zip Country  
 33470 Palm Bch

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 33470 Palm Bch

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MANGER, DOUG F III	759 NW 42 PLACE	POMPANO BEACH FL 33064
V	ANGOVE, RALPH WILLIAM	815 NW 42ND PLACE	FT. LAUDERDALE FL 33308

400024897104  
 11/21/03--01005--013 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANGER, DOUG F III  
 759 NW 42 PLACE  
 POMPANO BEACH FL 33064

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

*[Signature]*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 11/13/03

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:

*[Signature]*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 11/13/03 (954)650-4771 Daytime Phone #

CR2E040 (7/03)

Thursday, November 13, 2003

To whom it may concern:

I am sorry I did not receive the other prior UBR notices. I have moved and did not receive my mail. Please find enclosed the 150.00 filling fee.

Thank you,

Douglas F. Manger III