

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 18143 42nd Rd N Suite, Apt. #, etc.	3. New Mailing Office Address, if Applicable 18143 42nd Rd N Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 05/20/2002
City & State Loxahatchee, FL	City & State Loxahatchee, FL	5. FEI Number 01-0698957
Zip 33470	Country Palm Bch	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 MANGER, DOUG F III 759 NW 42 PLACE POMPANO BEACH FL 33064	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: *[Signature]* **SIGNATURE REQUIRED** Date: 11/13/03
REGISTERED AGENT MUST SIGN

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** Date: 11/13/03 (954)650-4771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 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