

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

PS 172

FILED

04 JUN -1 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000063714

1. Corporation Name

MASTER'S INDUSTRIAL PLUMBING, INC.

Principal Place of Business

Mailing Address

7529 NW 29TH PLACE
SUITE B
GAINESVILLE FL 32606

7529 NW 29TH PLACE
SUITE B
GAINESVILLE FL 32606

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/2002

5. FEI Number

820547661

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SERRAVALLE, PAUL L	7529 NW 29TH PLACE	GAINESVILLE FL 32606
S	Beryl Ann Serravallo	7529 NW 29th Place	Gainesville, FL 32606

700037720047
06/07/04--01029--006 **305.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SERRAVALLE, PAUL L PRES
7529 NW 29TH PLACE
GAINESVILLE FL 32606

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

Paul L Serravallo

REGISTERED AGENT MUST SIGN

Date 6/04/04

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:

Paul L Serravallo Paul L Serravallo 6/04/04 (352) 494-7799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

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Master's Industrial Plumbing

7529-B NW 29th Place Gainesville, FL 32606 (352) 371-5906 ♦ Mobile 494-7799 ♦ Fax 379-8244

To whom it may concern:

(2003)

This letter is to request a waving of the late reinstatement fee due to the absence of delivery of the original uniform business report.. Although we received the notice of dissolution, last year, it took some time for my CPA to sort out some tax problems to determine weather to reinstate the S-corp, or to start over as a LLC, or a Nevada C-corp. Finally I'm requesting clemency from the \$600. reinstatement fee, and ask for forgiveness for it taking so long to commit to being a Florida S-corp.

THANK YOU



Paul Serravalle

President:

Master's Industrial Plumbing, Inc.