

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 31 PM 1:51

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P02000084179**

1. Corporation Name

PARRA PLUMBING INC.

Principal Place of Business

610 JIMMY ANN DR #6049
 DAYTONA BEACH FL 32114

Mailing Address

PMB 384 1500 BEVILLE RD STE 606
 DAYTONA BEACH FL 32114-5644



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

2. New Principal Office Address, If Applicable

11 Pine lake Parkway North

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT F-2

City & State
Palm Coast, FL

City & State

Zip
32137

Country
USA

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

08/05/2002

5. FEI Number

562288689

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
PD	PARRA, BENJAMIN	610 JIMMY ANN DR #6049	DAYTONA BEACH FL 32114
VS	PARRA, BENJAMIN	610 JIMMY ANN DR #6049	DAYTONA BEACH FL 32114

600024378326
 11/03/03--01051--008 **750.00

8. Name and Address of Current Registered Agent

PARRA, BENJAMIN
 610 JIMMY ANN DR #6049
 DAYTONA BEACH FL 32114

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

Benjamin Parra
 REGISTERED AGENT MUST SIGN

Date *10-03-03*

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:

Benjamin Parra
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10-30-03*
 Daytime Phone # _____

CR2E040 (7/03)