	PLEASE REA	AD ALL INS	TRUCTIONS	BEFORE C	COMPLETI	ING THIS FO	RM.	
	PLICATION FOR ISTATEMENT		A DEPARTMEN Glenda E. Ho Secretary of S IVISION OF CORPOR	ood state		FILED 3 OCT 22 AM I	11:1.3	
DOCUMENT # P02000113057 1. Corporation Name KING PLUMBING CONTRACTORS, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address					1			
13254 HIGHLAND CHASE PLACE 13254 HIGH			HLAND CHASE PLACE RS FL 33913					
If above a	addresses are incorrect in any way, li	ne through incorrect i	nformation and enter	correction below.	REI	nstater		03
6900 Phillips Hum 6900			ng Office Address, If Applicable			orated or Qualified ness in Florida	10/21/2002	A STORY
Suite, Apt. #, etc. Suite, Apt. Suite, Apt. City & State City & State			· 50		5. FEI Number	130558	A	applied For lot Applicable
^{Zip} 322)	Country	Zip 3221	Countr	<u> </u>	<u>. </u>	OF STATUS DESIRED	\$8.75 Addition	
7. Names and Street Addresses of Each Officer and/or Director (Fig. 1) Title(s) 1 2 Name of Officers and/or Directors			rida nonprofit corporations must list at least 3 directo Street Address of Each Officer and/or Director			Ci 4	ity / State / Zip	
PD	KING, PAUL	13254 HIGHLAND CHASE PLACE			FORT INVERS FL 33943 Jak. FL. 32216			
ST	KING, ERICA	1329THIGHEAND CHASE PLACE 6900 Phillips Hung			FORT MYERS IL S		3	
					70/ 10/22/	DD24029 030106900	5 047 19 **150.0	 00
	8. Name and Address of Cui	rent Registered Ag	ent		9 Name and A	Address of New Regist	ered Agent	
Name					a - F	Paul	-	
- KING, PAUL 13254 HIGHLAND CHASE PLACE FORT MYERS FL 33913 Suite, Apt. #, Et					Phil	Not Acceptable)	<u></u>	
				City Tox	W, FE :	50	State Zip Code	216
Signature c Registered	Agent	REGISTERED AG	GENT MUST SIGN			Date /O	7.0505, F.S.	3
11 Certify	that I am an officer or director or the	receiver or trustee er	mpowered to execute	this application as n	rovided for in cha	nter 607 or 617 ES Lti	urther certify that	when filing

. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

King Plumbing Contractors, Inc.

6900 PHILLIPS HWY, STE. 50 • JACKSONVILLE, FL 32216
PHONE: 904-296-2568 • FAX: 904-296-2568
CFC01425761

October 16, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE:

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King Plumbing Contractors, Inc. Document Number P02000113057

To Whom It May Concern:

We are responding to your "Certificate of Administrative Dissolution or Revocation" dated September 19, 2003.

We are a new corporation, which was not active until 2003. The corporation's office and operations moved from Fort Myers to Jacksonville when corporate activity began in 2003. We did not receive the annual report that was due May 1, 2003 as it was probably sent to Fort Myers.

We respectfully request that you abate the late filing and reinstatement fees due to the fact that this is the corporation's first annual report and our move to Jacksonville.

In the future we will file the annual reports on a timely basis.

Enclosed is a check for \$150.00 that was due May 1, 2003.

We appreciate your favorable consideration of our request.

/majigansoir

Sincerely yours,

Paul King, President