

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 25 AM 11:26


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

900028435649  
02/25/04--01006--019 \*\*150.00

900028435649  
02/09/04--01058--004 \*\*750.00

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 02000116189

1. Corporation Name  
Southland Plumbing, Inc.

2. Principal Office Address 1227 Perkins Road		3. Mailing Office Address 1227 Perkins Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32809	Country USA	Zip 32809	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/29/02

5. FEI Number 81-0576855 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name John E. Gregory

Street Address (P.O. Box Number is Not Acceptable) 1227 Perkins Road

Suite, Apt. #, Etc.

City Orlando State FL Zip Code 32809

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent John E. Gregory Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	John E. Gregory	1227 Perkins Road	Orlando, FL 32809

10. 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: John E. Gregory Date 2/3/04 Daytime Phone # 407-858-0529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E981 (10/02)