2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

04 DEC 20 PM 1:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P03000030481

1. Entity Name
ELECPLUMB OF FLORIDA INC.

REINSTATEMENT 04

Principal Place of Business	Mailing Address
8360 W. FLAGLER ST., STE. 210 MIAMI, FL 33144	8360 W. FLAGLER ST., STE. 210 MIAMI, FL 33144

11172004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	8360 W Flagler St Suite, Apt. #, etc. 205 B
City & State	City & State MIAMI FL
Zip / Country	Zip 33144 / Country USA

4. FEI Number 61-1450754 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOMINGO, CARLOS 11770 ST ANDREW PLACE, STE. 208 WELLINGTON, FL 33414	Name Street Address (P.O. Box Number is Not Acceptable) 7617 NW 115 Ct City Doral FL Zip Code 33178

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: CARLOS A DOMINGO 12/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOMINGO, CARLOS 11770 ST. ANDREWS PLACE, APT. 208 WELLINGTON, FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7617 NW 115 Ct Doral FL 33178
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUIGBO, ALFREDO 8360 W. FLAGLER ST., STE. 210 MIAMI, FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10906 NW 69 Te Doral FL 33178
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300042925843 11/22/04--01042--009 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/04 305-222-6161
Date Daytime Phone #