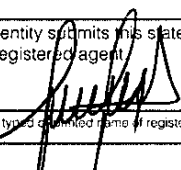
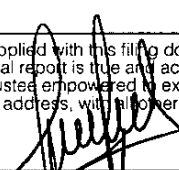


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000030481 1. Entity Name ELECPLUMB OF FLORIDA INC.			
Principal Place of Business 8360 W. FLAGLER ST., STE. 210 MIAMI, FL 33144		Mailing Address 8360 W. FLAGLER ST., STE. 210 MIAMI, FL 33144	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 8360 W Flagler St Suite, Apt. #, etc. 205 B MIAMI FL 33144 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 DOMINGO, CARLOS 11770 ST ANDREW PLACE, STE. 208 WELLINGTON, FL 33414		7. Name and Address of New Registered Agent 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 DATE: 12/15/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	D ☐ Delete	TITLE	Change ☒ Addition ☐
NAME	DOMINGO, CARLOS	NAME	
STREET ADDRESS	11770 ST. ANDREWS PLACE, APT. 208	STREET ADDRESS	7617 NW 115 CT
CITY-ST-ZIP	WELLINGTON, FL 33414	CITY-ST-ZIP	Doral FL 33178
TITLE	D ☐ Delete	TITLE	Change ☒ Addition ☐
NAME	PUIGBO, ALFREDO	NAME	
STREET ADDRESS	8360 W. FLAGLER ST., STE. 210	STREET ADDRESS	10906 NW 69 Tr
CITY-ST-ZIP	MIAMI, FL 33144	CITY-ST-ZIP	Doral FL 33178
TITLE	☐ Delete	TITLE	Change ☐ Addition ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change ☐ Addition ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change ☐ Addition ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change ☐ Addition ☐
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 11/17/04 Daytime Phone #: 305-222-6161	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

APPROVED
AND
FILED

04 DEC 20 PM 1:07

SECRETARY OF STATE
FLORIDA
REINSTATEMENT



11172004 REIN-P CR2E098 (6/04)

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)

City

FL

Zip Code

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

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

TITLE D ☐ Delete
NAME DOMINGO, CARLOS
STREET ADDRESS 11770 ST. ANDREWS PLACE, APT. 208
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE D ☐ Delete
NAME PUIGBO, ALFREDO
STREET ADDRESS 8360 W. FLAGLER ST., STE. 210
CITY-ST-ZIP MIAMI, FL 33144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7617 NW 115 CT**
CITY-ST-ZIP **Doral FL 33178**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10906 NW 69 Tr**
CITY-ST-ZIP **Doral FL 33178**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **300042925843**
CITY-ST-ZIP **11/22/04--01042--009 **150.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #