

2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P03000046079

1. Entity Name
SUNCOAST PLUMBING SYSTEMS, INC.



FILED
Oct 26, 2005 8:00 A.M.
Secretary of State

Principal Place of Business
12411 NORTH FLORIDA AVENUE
TAMPA, FL 33512

Mailing Address
12411 NORTH FLORIDA AVENUE
TAMPA, FL 33512

33612

33612



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05032005

REIN-P

CR2E098 (6/04)

City & State

City & State

4. FEI Number

02-0690026

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARDENAS, RALPH
220 EAST MADISON AVENUE, SUITE 825
TAMPA, FL 33602

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

R. Cardenas Ralph Cardenas

10-21-05

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CALVO, LARRY
12411 NORTH FLORIDA AVENUE
TAMPA, FL 33512 33612

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY - ST - ZIP
600061233106
11/09/05--01041--003 ***150.00
☐ Change ☐ Addition

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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 #

LARRY CALVO

P/D Oct 24, 2005

813 932-7586

Suncoast Plumbing Systems, Inc.
Ph. (813) 932-PLUM (7586)
12411 N. Florida Ave.
Tampa, FL 33612

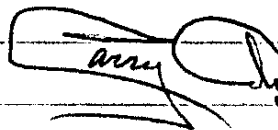
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FROM LARRY CALVO
TUE. OCT. 25, 2005

Florida Department of State
Division of Corporations
Corporate Records

ATTN.: TYRONE SCOTT,

Mr. Scott I'm writing you as per our phone conversation on Fri Oct. 21, 05. I do not understand why there was a dissolution of Corporation. I responded in a timely manner to make the correction to my 2004 Annual Report and mailed it back the same day I received it, on or about May 23, 04 letter reference #P03000046079. I do not understand why the United States Postal Service did not deliver my post dated May 04 letter until some time in Oct. of 04, how ever your office did receive and accept my money, a check for 150.00 received and run through the bank back in April of 2004. Mr. Scott I am requesting your Department to Reinstate my Corporation to Active Status immediately without penalty or fees. I have enclosed with this letter a completed 2005 Corporation Reinstatement Form and a check #6849 for the 2005 Annual Report Fee 150.00. Please note the zip code at my office is 33612 Not 33512 as printed on the form please make correction.

Thank You,



LARRY CALVO P/D
Suncoast Plumbing Systems, Inc.