PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 AUG -6 AM 1:51

DOCUMENT # P03000120223

1. Corporation Name
DHK PLUMBING AND SUPPLY, INC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5911 S. UNIVERSITY DR		5911 S. UNIVERSITY DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DAVIE, FL		City & State: DAVIE, FL	
Zip: 33328	Country: USA	Zip: 33328	Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 10/27/2003

5. FEI Number: 35-2217951 ☐ 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: DANIEL H. KELLJCHIAN

Street Address (P.O. Box Number is Not Acceptable): 5911 S. UNIVERSITY DRIVE

Suite, Apt. #, Etc.:

City: DAVIE | State: FL | Zip Code: 33328

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 _____ Date 07/31/2018

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
PRES	DANIEL H. KELLJCHIAN	5911 S UNIVERSITY DR	DAVIE, FL 33328
	REINSTATEMENT	AUG 06 2018 R. HUNT	

10. E-mail Address: Davieplbg@gmail.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 07/31/2018 954-434-7477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #