


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000123429					
1. Corporation Name All Plumbing Service, Inc.					
2. Principal Office Address 46 SW 1 st Ave Suite, Apt. #, etc. 6 City & State Dania Beach, FL Zip 33004 Country USA		3. Mailing Office Address 46 SW 1 st Ave Suite, Apt. #, etc. 6 City & State Dania Beach, FL Zip 33004 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 10/31/2003 5. FEI Number 2003811666 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Frederick K. Asamoah Street Address (P.O. Box Number is Not Acceptable) 46 SW 1 st Ave Suite, Apt. #, Etc. 6 City Dania Beach State FL Zip Code 33004					
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 _____ 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		
P	Frederick K. Asamoah	920 NE 49 th St.	Pompano Bch, FL 33064		
			300070813643		
			04/18/06 01043 009 ***150.00		
			02/24/06		
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 contained in Chapter 119, 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: <u>F. K. Asamoah</u> 02/24/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					