


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  10 JUN 28 PM 4:31  SEC. OF STATE TALLAHASSEE, FLORIDA  500182678775 06/28/10--01041--020 **1050.00  <b>REINSTATEMENT</b> 08-10 CR28081 (6/10)	
<b>DOCUMENT # P03000129485</b>				
1. Corporation Name <b>Logan Plumbing, Inc.</b>				
2. Principal Office Address - No P.O. Box # <b>4907 15th St East</b>		3. Mailing Office Address <b>4907 15th St East</b>		
Suite, Apt. #, etc. <b>Unit E</b>		Suite, Apt. #, etc. <b>Unit E</b>		
City & State <b>Bradenton, FL</b>		City & State <b>Bradenton, FL</b>		
Zip <b>34203</b>	Country <b>United States</b>	Zip <b>34203</b>	Country <b>United States</b>	
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida <b>11/10/2003</b>		
Name <b>Clark Logan</b>		5. FEI Number <b>90-0120831</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>4907 15th St. East</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Suite, Apt. #, Etc. <b>Unit E</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
City <b>Bradenton</b>		State <b>FL</b>		
		Zip Code <b>34203</b>		
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 <u><i>Clark M Logan</i></u> Date <b>6/24/2010</b> 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	
<b>P</b>	<b>Clark Logan</b>	<b>4907 15th St East Unit E</b>	<b>Bradenton, FL. 34203</b>	
<b>T,S,V</b>	<b>Derrick Logan</b>	<b>5411 98th Ave East</b>	<b>Parrish, FL. 34219</b>	
10. E-mail Address: <b>LoganPlumbing@aol.com</b> (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., 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. SIGNATURE: <u><i>Clark M Logan</i></u> <b>6/24/2010</b> (941)-882-9491 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				