

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 JUN 26 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000152782

1. Corporation Name

G&L Plumbing Service of Naples, Inc.

W0600026835

2. Principal Office Address

1510 27th Street SW

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34117

Country

3. Mailing Office Address

1510 27th Street SW

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34117

Country

REINSTATEMENT

CR2E081 (12/05)

04-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEL Number

20-0483273

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

Omar Martinez

Street Address (P.O. Box Number is Not Acceptable)

1510 27th Street SW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

700076724327

09/29/06-01052-010 **105.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **04-15-06**

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	Arriera, Eloy	7411 SW 67 AVE	Miami, FL 33143
VP	Martinez, Omar	1510 27th Street SW	Naples, FL 34117

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: ☒

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-06

Date

239-289-742

Daytime Phone #

6/28