## 2005 FOR PROFIT CORPORATION REINSTATEMENT

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| REINSTATEMENT   |  |   |            |  | -u ED  |                         |                            |                               |  |
|---|--|---|------------|--|--|-------------------------|----------------------------|-------------------------------|--|
| DOCUMENT # P03000153311   |  |   |            |  |  | free f free press me    |                            |                               |  |
| Entity Name     A-1 EVANS PLUMBING, INC.  |  |   |            |  | FILED  05 NOV -4 PM 12: 08  SECKLIARY OF STATE TALLAHASSEE, FLORIDA. |                         |                            |                               |  |
|   |  |   |            | The state of the s |  | esth                    | CELLARY OF ST              | RIDA.                         |  |
| Principal Place<br>1582 RAY LYI<br>NEW SMYRNA   |  | Mailing Address<br>1582 RAY LYNN DR<br>NEW SMYRNA BEACH, FL 32168 |            |  | TALL   | AHASSEE                 |                            |                               |  |
|   |  |   |            |  | 1188118863111  | 8188 NIN 88NI 1819 88NI |                            |                               |  |
| 2. Principal Pl   | ace of Business                          | 3. Mailing Address  |            |  |  |                         |                            |                               |  |
| Suite, Apt.   | #, etc.                                  | Suite, Apt. #, etc.   |            |  | 10272005   | REIN-P                  | CR2E098 (6/04)             | ,                             |  |
| City & State  |  | City & State  |            |  | 4. FEI Number 33-1080  |                         | }                          | opplied For<br>lot Applicable |  |
| Zip   | Country Zip Cor                          |   | Coun       | try  | 5. Certificate of Status Desired S8.75 Additional Fee Required       |                         |                            |                               |  |
| 2   | 8. Name and Address of Current           | i<br>t Registered Agent   |            |  | 7. Name and Address of New Registered Agent                          |                         |                            |                               |  |
| EVANS. ROBERT   |  |   |            | Name   |  |                         |                            |                               |  |
| 1582 RAY LYNN DR<br>NEW SMYRNA BEACH, FL 32168  |  |   |            | Street Address (P.O. Box Number is Not Acceptable)   |  |                         |                            |                               |  |
|   |  |   |            |  |  | - Zin Co                | do                         |                               |  |
|   |  |   |            | 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  |  |   |            |  |  |                         |                            |                               |  |
| FILE NOW!!! FEE IS \$150.00 -In accordance with s. 607-193(2)(b) F.Sthe-  |  |   |            |  |  |                         |                            |                               |  |
| After Jan   | uary 1, 2006, Fee will be \$300.         | 00  |            |  |  | corporation did         | not receive the prior      | notice.                       |  |
| 10.   | OFFICERS AND                             | ·····   | 11.        |  | ADDITIONS/0  | CHANGES TO OFF          | ICERS AND DIRECTOR         |                               |  |
| TITLE<br>NAME   | P Delete IIIL                            |   |            | _  |  |                         | ☐ Change                   | 1                             |  |
| STREET ADDRESS  | 1002111112111                            |   |            | LET ADDRESS  | 200061178142<br>11/07/0501003011 **150.00                            |                         |                            |                               |  |
| CITY-ST-ZIP   | NEW SMYRNA BEACH, FL 32168               |   |            | -SI-ZIP  |  |                         | ☐ Change                   | Addition                      |  |
| NAMÉ  | •  | Delete  | NAM        | -  |  | •                       |                            |                               |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   |            | EET ADDRESS<br>'+ST-ZIP  |  |                         |                            | 1                             |  |
| TITLE   |  | ☐ Delete  | TITL       | E  |  |                         | Change                     | Addition                      |  |
| NAME  |  |   | NAM        | EET ADDRESS  |  |                         |                            |                               |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   |            | -ST-ZIP  |  |                         |                            |                               |  |
| TITLE   |  | ☐ Delete  | IIIL       |  |  | $\overline{)}$          | ☐ Change                   | ☐ Addition                    |  |
| name<br>Street address  |  |   | NAM<br>STR | RE<br>Eet address  | [  | 1 M                     |                            |                               |  |
| CITY-ST-ZIP   |  |   | CITY       | r-ST-ZIP   | - No!  | //\'                    | $\Delta \Delta$            |                               |  |
| TITLE   |  | ☐ Delete  | TITL       |  | <i>\\\</i>   |                         | ☐ Change                   | Addition                      |  |
| NAME<br>STREET ADDRESS  |  |   |            | EET ADDRESS  | //   | <u>`</u> \\             | (                          | ĺ                             |  |
| CITY-SI-ZIP   |  |   |            | /·ST-Z#P   | _//  | $\leftarrow$            | <u> </u>                   | Addition                      |  |
| TITLE<br>NAME   |  | ☐ Delete  | NAN        |  |  | $\cup$                  | Change                     | L_ Addition                   |  |
| STREET ADDRESS  |  |   |            | EET ADDRESS  |  |                         |                            |                               |  |
| CITY-ST-ZIP   | certify that the information supplied wi | th this filing does not qualify to                                | r the eve  | r-\$1-ZIP ,<br>emption stated in Se  | ection 119.07(3)(i   | ), Florida Statutes.    | I further certify that the | information                   |  |
| 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 1101 05 386-427-7865  |  |   |            |  |  |                         |                            |                               |  |
|   | SIGNATURE AND TYPED OF                   | R PRINTED NAME OF SIGNING OFFICER                                 | OR DIREC   | HOT  | - 1  | filte                   | Daytima Phone              |                               |  |

OCTOBER 18,2005

I DID NOT RECEIVE A NOTICE OR FORM PRIOR TO THIS ONE TO RENEW MY CORPORATION. I FEEL THAT THE LATE FEE IS MUCH. I AM A ONE PERSON BUSINESS AND DO MY BEST TO BE ON TIME WITH EVERYTHING.

**BOB EVANS** 

P03000153311