

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 MAR 21 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03082005 REIN-P CR2E098 (6/04) *MRS*

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| DOCUMENT # P03000154681 1. Entity Name ALL HOURS PLUMBING OF AMELIA, INC. | | | | | |
| Principal Place of Business 1601 NECTARINE STREET FERNANDINA BEACH, FL 32024 | | | Mailing Address 1601 NECTARINE STREET FERNANDINA BEACH, FL 32024 | | |
| 2. Principal Place of Business 1733 Mallard Lane Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 16702 Suite, Apt. #, etc. | | | |
| City & State Fernandina Beach, FL Zip 32034 Country USA | | City & State Fernandina Beach, FL Zip 32035 Country USA | | 4. FEI Number 80-0089893 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent GALLAGHER, MARK A 1601 NECTARINE STREET FERNANDINA BEACH, FL 32024 | | | 7. Name and Address of New Registered Agent Name Mark A. Gallagher Street Address (P.O. Box Number is Not Acceptable) 1733 Mallard Lane City Fernandina Beach FL Zip Code 32034 | | |
| 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 <i>[Signature]</i> Mark A. Gallagher 10 March 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GALLAGHER, MARK A 1601 NECTARINE STREET FERNANDINA BEACH, FL 32024 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="font-size: 2em; font-weight: bold; text-align: center;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold; text-align: right;">04-05</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DECH, JON S 3650 YAHTZEE RD. FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>[Signature]</i> Mark A. Gallagher <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 10 March 2005 904-753-1886 <small>Date Daytime Phone #</small> | | |