2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P0400001258 09 MAY 29 PH 4: 53 JONES & JIRIK PLUMBING, INC. Principal Place of Business Mailing Address 1018 NE 44TH COURT 1018 NE 44TH COURT OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 041 REINGTATE LICENSESS (16/2-Suite. Apt. #, etc. Suite. Apt. #, etc. City & State 4. FEI Number City & State 71-0958855 Not Applicable Ziο Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOWE, JOHN J JR. Street Address (P.O. Box Number is Not Acceptable) 1018 NE 44TH COURT OAKLAND PARK, FL 33334 Zip Code FL e of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation SIGNATURE (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$300.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE ☐ Delete TITLE Change Addition MARIE HOWE, JOHN J JR. NAME 1018 NE 44TH COURT STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP OAKLAND PARK, FL 33334 CHY-SI-ZIP ☐ Change TITLE ☐ Delete HILE Addition 900156671829 06/02/03--01021--023 **30 NAME NAMI STREET ADDRESS STREET ADDRESS **300.00 CITY-ST-ZIP CITY-S1-ZIP BILL Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 31111 ☐ Delete TITLE Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY - \$1 - 712 CHY-S1-7P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THE Delete THE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplies ental 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 of many 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 w er like empowered SIGNATURE: OF SIGNING OFFICER OR DIRECTOR 30/