


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR 15 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000015661	
1. Entity Name ALL PRO PLUMBING OF BREVARD INC.	

Principal Place of Business 2700 LAKEHILL ROAD MELBOURNE, FL 32934 US	Mailing Address 2700 LAKEHILL ROAD MELBOURNE, FL 32934 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



03092007

REINSTATEMENT

CR2008 (1/07)

Applied For

Not Applicable

4. FEI Number
20-0424987

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERRY, DAVID F 2700 LAKEHILL ROAD MELBOURNE, FL 32934
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERRY, DAVID F 2700 LAKEHILL ROAD MELBOURNE, FL 32934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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600095149716
03/28/07--01021--027 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3.8-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell MAR 15 2007