


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000016240		
1. Entity Name SOUTH WALTON PLUMBING, INC.		

FILED

07 APR 12 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*

Principal Place of Business <del>P O BOX 2391</del> 133 4 <sup>th</sup> St SANTA ROSA, FL 32459	Mailing Address P O BOX 2391 SANTA ROSA, FL 32459
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REINSTATEMENT 01/1/2007 REAP LCN2E098 (11/05) *Pk-07*

2. Principal Place of Business 133 4 <sup>th</sup> St Suite, Apt. #, etc. SANTA ROSA Bch City & State FL Zip 32459 Country Walton	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 20-0655089	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARINELLI, DAVID W 133 4 STREET SANTA ROSA BEACH, FL 32459	
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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	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$900.00	000097579720 04/19/07--01036--016 **908.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARINELLI, DAVID W P O BOX 2391 SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Marinelli* 3/30/07 (850) 401-4302  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #