

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000026122					
<b>1. Entity Name</b> TOWN PLUMBING, INC.					
<b>Principal Place of Business</b> <del>200 NW 52 STREET</del> FT LAUDERDALE, FL 33309 <b>3433 NE 13TH AVE</b> <b>OAKLAND PARK FL 33334</b>			<b>Mailing Address</b> <del>200 NW 52 STREET</del> FT LAUDERDALE, FL 33309 <b>P.O. BOX 23296</b> <b>FT. LAUDERDALE, FL 33307</b>		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
<b>4. FEI Number</b> 20-6842204				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ALKON, WESLEY— 200 NW 52 STREET FT LAUDERDALE, FL 33309			<b>7. Name and Address of New Registered Agent</b> Name: <b>Alkon Wesley</b> Street Address (P.O. Box Number is Not Acceptable): <b>3433 NE 13TH AVE</b> <b>OAKLAND PARK</b> City: <b>FL</b> Zip Code: <b>33306</b>		
<b>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.</b>					
SIGNATURE: <u>Wesley Alkon</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>7/24/06</u>					
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres WES ALKON</b> <b>3433 NE 13TH AVE</b> <b>OAKLAND PARK FL 33334</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100078271641</b> <b>08/02/06--01033--020 **600.00</b>	
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 <b>100078271641</b> <b>08/02/06--01033--021 **150.00</b>	
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	
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	
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	
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	
<b>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.</b>					
SIGNATURE: <u>Wesley Alkon Pres.</u> DATE: <u>6/8/06</u>					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07/13/05 90015 044 \$150.00



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