
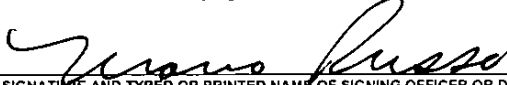


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><b>CORPORATION REINSTATEMENT</b></div><div style="margin: 0 10px;"></div><div style="text-align: center;"><b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="text-align: center;"><b>FILED</b> <b>07 MAY 21 PM 1:47</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
<b>DOCUMENT #</b> 904000073228			
<b>1. Corporation Name</b>  ALL AMERICAN PLUMBING OF HIGHLANDS COUNTY, INC.			
<b>2. Principal Office Address - No P.O. Box #</b> 707 SPRUCE STREET <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> 707 SPRUCE STREET <small>Suite, Apt. #, etc.</small>	
<b>City &amp; State</b> LAKE PLACID, FL		<b>City &amp; State</b> LAKE PLACID, FL	
<b>Zip</b> 33852	<b>Country</b> HIGHLANDS	<b>Zip</b> 33852	<b>Country</b> HIGHLANDS
<b>7. Name and Address of Current Registered Agent</b>		<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
<b>Name</b> MARIO RUSSO		<b>5. FEI Number</b> 51-0506199	
<b>Street Address (P.O. Box Number is Not Applicable)</b> 707 SPRUCE STREET		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>Suite, Apt. #, Etc.</b>		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>City</b> LAKE PLACID, FLORIDA		<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
<b>State</b> FL		<b>Zip Code</b> 33852	
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>			
<b>Signature of Registered Agent</b> _____		<b>Date</b> _____	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PRES	MARIO RUSSO	707 SPRUCE STREET	LAKE PLACID, FL 33852
<b>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>			
<b>SIGNATURE:</b> 		<b>5-17-07</b> <b>863-699-1229</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	