

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000116918**

1. Entity Name  
**PALM HARBOR PLUMBING, INC.**



FILED

06 JUL 27 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10132005 REIN-P CR2E098 (6/04) 05-06

Principal Place of Business  
**PO BOX 535  
OZONA, FL 34680**

Mailing Address  
**PO BOX 535  
OZONA, FL 34680**

2. Principal Place of Business  
**431 Crystal Beach Ave**

3. Mailing Address  
**P.O. Box 535**

Suite, Apt. #, etc.  
**N/A**

City & State  
**Crystal Beach, FL**

City & State  
**Ozona FL**

Zip  
**34681**

Country  
**Pinalas**

Zip  
**34660**

Country  
**Pinalas**

4. FEI Number  
**830403801**

Applied For  
☒ Not Applicable

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

6. Name and Address of Current Registered Agent  
**NELSON, SCOTT F  
200 S. HOOVER BLVD  
201-140  
TAMPA, FL 33609**

**John DeCuzzi**  
**1262 New York Ave**  
**Dunedin, FL 34698**

7. Name and Address of New Registered Agent  
Name  
**John DeCuzzi**

Street Address (P.O. Box Number is Not Acceptable)  
**1262 New York Ave**

**Dunedin FL 34698**

City  
**Dunedin FL**

Zip Code  
**34698**

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 **PLA6**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DECUZZI, JOHN A PO BOX 535 OZONA, FL 34680	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DECUZZI, A. PATRICK PO BOX 535 OZONA, FL 34680	<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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **PLA6**

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

Date **Apr 14/2006**

Daytime Phone # **(727) 784-2844**