



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000134170</b> 1. Entity Name <b>BROSSEIT'S POOL PLUMBING, INC.</b>						<b>FILED</b> <b>05 OCT 31 AM 4: 27</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>462 MOZART ROAD</b> <b>WEST PALM BEACH, FL 33411 US</b>				Mailing Address <b>462 MOZART ROAD</b> <b>WEST PALM BEACH, FL 33411 US</b>			
2. Principal Place of Business <b>13221 Orange Grove Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>13221 Orange Grove Blvd</b> Suite, Apt. #, etc.					
City & State <b>West Palm Beach, FL 33411</b>		City & State <b>West Palm Beach, FL 33411</b>		4. FEI Number <b>201659179</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33411</b>		Country <b>U.S.A.</b>		Zip <b>33411</b>		Country	
6. Name and Address of Current Registered Agent  <b>BROSSEIT, CHAD E</b> <b>462 MOZART RD</b> <b>WEST PALM BEACH, FL 33411</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>13221 ORANGE GROVE BLVD.</b> City <b>WEST PALM BEACH</b> FL Zip Code <b>33411</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.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$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>P</b> <b>BROSSIET, CHAD</b> <b>462 MOZART RD</b> <b>WEST PALM BEACH, FL 33411</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Brosseit, Chad</b> <b>13221 Orange Grove Blvd</b> <b>West Palm Beach, FL 33411</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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		
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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		
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.							
<b>SIGNATURE:</b> <u>Chad Brosseit</u> <b>Chad Brosseit</b> <u>10-12-05</u> <u>253-5400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

October 12, 2005


Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Brosseit's Pool Plumbing, Inc.  
P04000134170  
Reinstatement

To Whom It May Concern:

Enclosed find check for \$150.00 to pay for the 2005 Annual Report. I never received the original notice and I did not know the Corporation had been dissolved.

Sincerely,

  
Chad Brosseit