

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000160469

FILED  
May 08, 2009  
Secretary of State

Entity Name: CSP PLUMBING SERVICES, INC.

## Current Principal Place of Business:

13249 INTERLAKEN RD.  
ODESSA, FL 33556

## New Principal Place of Business:

## Current Mailing Address:

12511 CHOCTAW TRAIL  
HUDSON, FL 34669

## New Mailing Address:

FEI Number: 20-2116918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.  
5647 110TH AVE. NORTH  
ROYAL PALM BEACH, FL 334110000 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: S ISABELLA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SOBEL, CRAIG  
Address: 12511 CHOCTAW TRAIL  
City-St-Zip: HUDSON, FL 34669

Title: VP ( ) Delete  
Name: COMBAST, CHARLES  
Address: 13243 INTERLAKEN RD.  
City-St-Zip: ODESSA, FL 33556

Title: ST (X) Delete  
Name: SOBEL, SABRINA  
Address: 12511 CHOCTAW TRAIL  
City-St-Zip: HUDSON, FL 34669

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ISABELLA, CRAIG  
Address: 12511 CHOCTAW TRAIL  
City-St-Zip: HUDSON, FL 34669

Title: VP (X) Change ( ) Addition  
Name: ISABELLA, SABRINA  
Address: 12511 CHOCTAW TRL  
City-St-Zip: HUDSON, FL 34669

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SABRINA ANN ISABELLA

VP

05/08/2009

Electronic Signature of Signing Officer or Director

Date