PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FI					FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations				FILED 11 FEB 2 8 AM 9: 36						
DOCUMENT # P04000160469 1. Corporation Name									SECRETARY OF STATE TALLAHASSEE, FLURIDA						
CSP PLUMBING SERVICES, INC.											- 3489	paragraphy of the Pe	0-11		
					Mailing Office Address 2511 CHOCTAW TRL				400194899924 02/17/1101053005 **150.00						
Suite, Apt. #, etc. Suite, Apt. #						, etc.				4. Data incorporated or Qualified					
City & State HUDSON, FL				City & State HUDS	City & State HUDSON, FL				To Do Business in Florida 11-29-2004 5. FEI Number Applied For Not Applicable						
Zip 3466	Gountry U.S.		_{Zip} 34669		Coun	•		6. CERTIFICATE OF STATUS DESIRED□				tional Fee required			
7. Name and Address of Current Registered Agent									-	, '- !					
Name SABRINA ISABELLA Street Address (P.O. Box Number is Not Acceptable) 12511 CHOCTAW TRAIL									400194899924 04/13/1001007005 **150.00						
Suite, Apt. #, Etc.								7	Reinstatement fee waived report						
City HUDSON						State Zip Code FL 34669			was rejected in error in 2010						
8. I, being appointed the refrishered agent of the above named exporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 2/9///															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)															
Titles			Street Address of Each Officer and/or Director						City /	City / State / Zlp					
Р	CRAIG E. ISABELLA				12511 CHOCTAW				TRL HUDSOI			N, FL 34669			
VP/SEC	SABR	A. ISAE	12511 CHOCTAW 1				V TRL	L HUDSON, FL 34669							
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7,00													XXX		
10. E-mail Address: SABRINACSPINC@YAHOO.COM (To be used for future annual report notification)															
11. 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., and that all fees owed by the corporation have been plaid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under out. I am aware that faise information-submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE. SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Data Data Data Data Daytime Phone #															