

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 19, 2007 8:00 A.M.
Secretary of State

DOCUMENT # P05000040974 1. Entity Name BARKWELL PLUMBING, INC.					
Principal Place of Business 7756 NW NORTH OAK STREET WEST MELBOURNE, FL 32904			Mailing Address 7756 NW NORTH OAK STREET WEST MELBOURNE, FL 32904		
2. Principal Place of Business - No P.O. Box # 7756 NW North Oak St.		3. Mailing Address Suite, Apt. #, etc.			
City & State West Melbourne, FL		City & State			
Zip 32907		Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BARKWELL, ANTHONY H 7756 NW NORTH OAK STREET WEST MELBOURNE, FL 32904			7. Name and Address of New Registered Agent Name Sarah Clontz Street Address (P.O. Box Number is Not Acceptable) 989 Spring St NW City Palm Bay FL Zip Code 32907		
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 <u><i>Sarah Clontz</i></u> DATE <u>11-5-07</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARKWELL, ANTHONY H 7756 NW NORTH OAK STREET WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, S, T Anthony H. Barkwell 7756 NW North Oak St West Melbourne, FL 32904 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Matthew E. Barkwell 2310 Seminole Blvd Melbourne, FL 32904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	100112390671 11/19/07--01005--005 **158.75 <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	
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 exemptions contained 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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>11/5/07</u> Daytime Phone # <u>321-302-9891</u>		