

**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

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

DOCUMENT # P05000040974		
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1. Entity Name BARKWELL PLUMBING, INC.		
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Principal Place of Business 7756 NW NORTH OAK STREET WEST MELBOURNE, FL 32904	Mailing Address 7756 NW NORTH OAK STREET WEST MELBOURNE, FL 32904	
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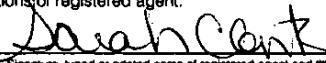
2. Principal Place of Business - No P.O. Box # 71676 Northern Oak St.	3. Mailing Address	
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	
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City & State WEST MELBOURNE, FL	City & State	
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Zip 32907	Country USA	Zip	Country
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6. Name and Address of Current Registered Agent			
BARKWELL, ANTHONY H 7756 NW NORTH OAK STREET WEST MELBOURNE, FL 32904			

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 	Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)		
			DATE 11-5-07

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.
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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 71676 Northern Oak St West Melbourne, FL 32904
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 100112390871 11/19/07--01005--005 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.			
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SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sarah Clontz	Date 11/5/07	Daytime Phone # 321-302-9891
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