


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAY 17 PM 2:05

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P05000088716		
1. Entity Name OMNI PLUMBING SERVICES, INC.		

Principal Place of Business 19553 NW 2ND AVE MIAMI, FL 33169	Mailing Address 20301 NE 14th AVE 19553 NW 2ND AVE MIAMI, FL 33169 N. MIAMI BEACH, FL 33179
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05/17/07 REINSTATEMENT 06-07

4. FEI Number 61-1490124		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LECONTE, VERGNIAUD 3150 W PEMBROKE ROAD SUITE 859 HOLLYWOOD, FL 33009 20301 NE 14th AVE N. MIAMI BEACH, FL 33179		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LECONTE, VERGNIAUD		NAME				
STREET ADDRESS	3150 W PEMBROKE ROAD, STE. 859		STREET ADDRESS				
CITY - ST - ZIP	HOLLYWOOD, FL 33009 20301 NE 14th AVE 33179 N. MIAMI BEACH, FL		CITY - ST - ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LECONTE, MARIE		NAME				
STREET ADDRESS	3150 W PEMBROKE ROAD, SUITE 859		STREET ADDRESS				
CITY - ST - ZIP	HOLLYWOOD, FL 33009 20301 NE 14th AVE 33179 N. MIAMI BEACH, FL		CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LECONTE, CAPUCINE		NAME				
STREET ADDRESS	3150 W PEMBROKE ROAD SUITE 859		STREET ADDRESS				
CITY - ST - ZIP	HOLLYWOOD, FL 33009 20301 NE 14th AVE 33179 N. MIAMI BEACH, FL		CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			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 an officer like empowered.

SIGNATURE:  05-15-07 305-949-4308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #