

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 FEB 27 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P05000131951*

1. Corporation Name

SKILLCRAFT PLUMBING INC.

2. Principal Office Address - No P.O. Box #

4141 S.W. 55 AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

4141 S.W. 55 AVE

Suite, Apt. #, etc.

City & State

DAVIE FL.

City & State

DAVIE FL.

Zip

33314

Country

Broward

Zip

33314

Country

Broward

7. Name and Address of Current Registered Agent

Name

DENNIS GAINCY

Street Address (P.O. Box Number is Not Acceptable)

4141 S.W. 55 AVE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Dennis Gaincy
REGISTERED AGENT MUST SIGN

Date *2-13-08*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P</i>	<i>DENNIS GAINCY</i>	<i>4141 S.W. 55 AVE</i>	<i>DAVIE FL. 33314</i>

800118263388
02/18/08--01045--004 **300.00
800118263388
02/27/08--01043--004 **158.75

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dennis Gaincy

2-13-08

954-658-7722

REINSTATEMENT

CR2E081 (12/07)

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.