

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000166360 1. Entity Name BLACKHAWK PLUMBING, INC.				FILED 07 SEP 25 PM 2:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3894 MANNIX DRIVE UNIT 218 NAPLES, FL 34114 US		Mailing Address 1426 SOUTH BLACKHAWK CIR. SOUTH ELGIN, IL 60177 US		 REINSTATEMENT 07 09212007 REIN: P. 05000166360 CR2E898 (1/07)	
2. Principal Place of Business - No P.O. Box # 2072 SAGEBRUSH CR. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2072 SAGEBRUSH CR. <small>Suite, Apt. #, etc.</small>			
City & State NAPLES, FL 34120 <small>Zip Country</small>		City & State NAPLES, FL 34120 <small>Zip Country</small>			
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORTESI, CARL M 3894 MANNIX DRIVE UNIT 218 NAPLES, FL 34114		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 2072 SAGEBRUSH CR. City NAPLES FL Zip Code 34120			
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>Carl M. Cortesi</i></u> 9-21-07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	P CORTESI, CARL M 3894 MANNIX DRIVE UNIT 218 NAPLES, FL 34114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2072 SAGEBRUSH CR NAPLES, FL 34120	
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 500109837345 09/25/07--01034--026 **158.75		
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		
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>Carl M. Cortesi</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9-21-07 <small>Date</small>		239-249-4608 <small>Daytime Phone #</small>