

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB 19 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

DOCUMENT # P07000126977

1. Corporation Name

R.K. PLUMBING, INC

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

20374 MIDWAY BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

20374 MIDWAY BLVD

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE

Zip Country

33952

City & State

PORT CHARLOTTE

Zip Country

33952

4. Date Incorporated or Qualified To Do Business in Florida

11/28/2007

5. FEI Number

26-1469644

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STANIMIR VALENTINOV KANTCHEV

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

20374 MIDWAY BLVD

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33952

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.

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

REGISTERED AGENT MUST SIGN

Date 2/16/2010

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
P.	STANIMIR V. KANTCHEV	20374 MIDWAY BLVD	PORT CHARLOTTE FL 33952

2/22

10. E-mail Address: RONNIE\_ST@YAHOO.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

STANIMIR V. KANTCHEV

2/16/2010

941 276 1514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #