

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 APR 10 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P11000010322

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

2190 NW RESERVE PK TEE

Suite, Apt. #, etc.

Suite # 3

City & State

Port St Lucie, FL

Zip

34986

Country

St Lucie County

3. Mailing Office Address

2190 Reserve Park Trace

Suite, Apt. #, etc.

Suite # 3

City & State

Port St Lucie, FL

Zip

34986

Country

St Lucie

4. Date Incorporated or Qualified
To Do Business in Florida

4/14

5. FEI Number

27-4712141

☐ 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

John ALVINO

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

10500 SW lands End Pl

Suite, Apt. #, Etc

City

Palm City

State

FL

Zip Code

34990

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

4/9/18

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
Pres.	John ALVINO	10500 SW lands End Pl.	Palm City, FL 34990

10. E-mail Address:

Ivette@Plumbinginc.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/18 976820712

Daytime Phone #