PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORT LONG

FILED

P93000024488 **DOCUMENT#**

1. Corporation Name

AU CITY PLUMBING INC.

Principal Place of Business

Mailing Address

4611 S UNIVERSITY DRIVE

4611 S UNIVERSITY DRIVE CHITE 407

00 FEB 11 PM 2: 36

SECHETARY OF STATE TALLARASSEE, FLORIDA

SUITE 197 DAVIE FL 3		innerent in any way tipe #	SUITE 197 DAVIE FL 33328 ough incorrect information and enter correction below.				REINSTATEMENT ()		
	Address, If Applicable	ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 04/01/1993				
<u> </u>				Suite, Apt. #, etc.			5. FEI Number	r	Applied For
City & Stat	е		City & State	City & State				65-0399358	Not Applicable
Zip Country		Country	Zip		Country		6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	•				
Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3				City / Stat	te / Zip
P	BALSANO, LISA			9549 SW 1ST ST				CORAL SPRINGS FL	
D	GARCIA, JORGE			9549 SW 1ST CT				CORAL SPRINGS FL	
10/10 2 .									
	<u>-</u> .						90	00031366 -02/15/0001	
		ve ter-						****750.00	****758.00
							==:	-02/15/0001	117029
	8. Nan	ne and Address of Curren	t Registered Age	ent	t		9. Name and Address of New Registered Agent		
BALSANO, LISA						Name Street Address (P.O. Box Number is Not Acceptable)			
9549-9				Street Address (P.O. Box Number is Not Acceptable)					
CORAI	FL 33071		Suite, Apt. #, Etc.			Ö			
	•/					City		FL	Zip Code
10. I, being Signature of Registered	*	e registered agent of the a	bove named corporations of the corporation of the c	RE	QU.	h and accept the c	obligations of Sect	Date	9
						his saulisation on	neovided for in the	enter CO7 or C17 E C further o	portify 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 under section 119.07(3)(i), 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. KE

SIGNATURE: