

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV -2 AM 11:39

DOCUMENT # **993000024488**

1. Corporation Name

ALL CITY PLUMBING INC.

2. Principal Office Address

4611 S UNIVERSITY DR

3. Mailing Office Address

4611 S UNIVERSITY DR

Suite, Apt. #, etc.

Suite 197

Suite, Apt. #, etc.

Suite 197

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33328

Country

USA

Zip

33328

Country

USA

REINSTATEMENT
CR2E081 (1205)

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

4/1/1993

5. FEI Number

650399358

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

Lisa Balsano

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

4240 SW 54th Ave

Suite, Apt. #, Etc.

City

Ft Lauderdale

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

Lisa Balsano

Date **10/27/2006**

REGISTERED AGENT MUST SIGN

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	Lisa Balsano	4240 SW 54th Ave	Ft Lauderdale, FL 33314
D	Jorge Garcia	4240 SW 54th Ave	Ft Lauderdale, FL 33314

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:

Lisa Balsano

Lisa Balsano

10/27/2006

954-914-6189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell NOV 2 2006