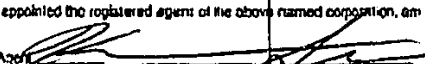
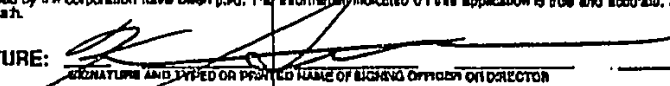


DEC-26 '96 (THU) 15:29 FISCAL OFFICE

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P.002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED 96 DEC 31 PM 12:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 1. Corporation Name		P94000006129 Buckeye Plumbing Services, Inc.			
Principal Place of Business		Mailing Address			
310 BUSINESS PARK WAY		W. Palm Beach, FL 33411			
REINSTATEMENT 1995 1996					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		65-0465641	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED ☒	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
PRES	KEVIN L. GILLUM	906 Clydesdale Dr	Loyahatchee FL	33470	
V. PRES	"	"	"		
SECRETARY	"	"	"	200002049112-0	
TREAS	"	"	"	-01/07/97-01144-017	
				****575.00 ****575.00	
8. Name and Address of Current Registered Agent					
KEVIN L. GILLUM 310 Business Park Way W. Palm Beach, FL 33411					
9. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
Suite, Apt. #, Etc.					
City					
State FL Zip Code					
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent 					
REGISTERED AGENT MUST SIGN					
Date Dec 26, 1996					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the secretary 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 617.0101, F.S., and that all fees owed by the corporation have been paid. 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF EACHING OFFICER OR DIRECTOR					
Dec 26, 1996					