## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P94000023774

SKINNER, DAVID

KEYSTONE HEIGHTS, FL 32656 US

987 SE SR 100

Name:

Address: City-St-Zip:

Entity Name: TRIPLE S PLUMBING, INC.

FILED Nov 10, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 987 SE SR 100 KEYSTONE HEIGHTS, FL 32656 US **Current Mailing Address: New Mailing Address:** 987 SE SR 100 KEYSTONE HGTS, FL 32656 US FEI Number: 59-3242938 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SKINNER, IVAN L 987 SE SŔ 100 KEYSTONE HGTS, FL 32656 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: IVAN L SKINNER Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition SKINNER, IVAN L Name: Name: 987 SE SR 100 Address: Address: City-St-Zip: KEYSTONE HGTS, FL 32656 US City-St-Zip: Title: VΡ Title: () Change () Addition () Delete SKINNER, STEPHEN Name: Name: 987 SE SR 100 Address: Address: KEYSTONE HGTS., FL 32257 US City-St-Zip: City-St-Zip: Title: Title: VΡ ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

| SIGNATURE: | DAVID B SKINNER | VP | 11/10/2009 |
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