

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

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SECRETARY OF STATE  
000004554300A-8  
-08/24/01--01038--021  
\*\*\*1508.75 \*\*\*1508.75

DOCUMENT # PA4000075756

1. Corporation Name  
**PLUMB-TECH, INC.**

2. Principal Office Address  
**3281 S.W. 130 Ave.**

Suite, Apt. #, etc.

City & State  
**Miami, Fl.**

Zip Country  
**33175 Miami, Dade**

3. Mailing Office Address  
**Same**

Suite, Apt. #, etc.

City & State

Zip Country

**REINSTATEMENT** *9/10/01*

4. Date Incorporated or Qualified To Do Business in Florida **10/14/94**

5. FEI Number **650528830** 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 **Carlos M. Furones**

Street Address (P.O. Box Number is Not Acceptable) **1350.00 - Adm**  
**3281 S.W. 130 Ave.**

Suite, Apt. #, Etc. **61.25 - AR**

City **Miami,** State **FL** Zip Code **33175**

**88.75 - ARSUPP**

**8.75 - Cert**

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 *[Signature]* Date **8/6/01**

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
Pres.	Carlos M. Furones	3281 S.W. 130 Ave.	Miami, Fl. 33175
V.Pres.	Alberto Diaz	14861 S.W. 173 St.	Miami, Fl. 33187
Sec.	L. M. Furones	3281 S.W. 130 Ave.	Miami, Fl. 33175
Supp.	Carlos M. Furones	3281 S.W. 130 Ave.	Miami, Fl. 33175

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 under section 119.07(3)(l), 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: *[Signature]* **CARLOS M. FURONES** Date **8/06/01** (305) 801-3920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (786) 251-0546  
Daytime Phone #

CR2E081 (9/00)