

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000084345**  
1. Corporation Name  
**Custom Pro Plumbing, Inc.**

**FILED**  
**98 MAY 18 AM 10:31**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**3720 N.E. 22nd Avenue #10**  
**Lighthouse Point, Fl 33064**

**W98-9446**

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 Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/16/94	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0534597	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

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
P	Clifford D. Marsey	3720 N.E. 22nd Ave.	Lighthouse Point, Fl 33064

**100002528691--4**  
**-05/19/98--01035--026**  
**\*\*\*\*715.00 \*\*\*\*715.00**

**(J)**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name	
		Henry Dean, CPA	
		Street Address (P.O. Box Number is Not Acceptable)	
		One South Ocean Blvd.	
Suite, Apt. #, Etc.		Suite 210	
City		State	Zip Code
Boca Raton,		FL	33432

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 **Henry Dean, CPA** Date **4/23/98**

REGISTERED AGENT MUST SIGN

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 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)(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.

SIGNATURE: **Clifford D. Marsey** **Clifford D. Marsey** **4-2498/954-270-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **7063**  
**Clifford D. Marsey**

2

**CUSTOM PRO PLUMBING**

3720 N. E. 22nd Ave. # 10  
Pompano Beach, Florida 33064  
954-270-7063

May 13, 1998

Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

**To: Leslie Sellers**  
**Re: Reinstatement of Custom Pro Plumbing**  
Reference Number: P94000084345

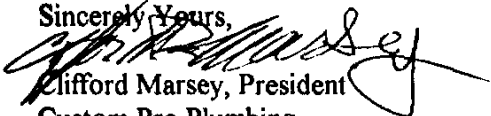
Dear Ms. Sellers:

I appreciate your response to my letter dated April 23, 1998. In response I would like to state that my accountant passed away and since he handled all my filings I never received my original annual report.

I am enclosing a check as requested, for \$ 715.00 along with the letter I received from you.

Thank you for all your assistance.

Sincerely Yours,

  
Clifford Marsey, President  
Custom Pro Plumbing