


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>P9500000 3537</u>			
<b>1. Corporation Name</b> <u>Absolute Plumbing Services, Inc</u>			
<b>2. Principal Office Address</b> <u>1002 W. Busch Blvd.</u>		<b>3. Mailing Office Address</b> <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Tampa FL</u>		City & State	
Zip <u>33612</u>	Country <u>U.S.A</u>	Zip	Country
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>1-17-95</u> <b>Document #</b> <u>P9500000 3537</u>	
		<b>5. FEI Number</b> <u>59-3285883</u>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>			
Name <u>Thomas Daly</u>		<u>200005195702--3</u> <u>-04/05/02--01055--017</u> <u>***308.75 ***308.75</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4739 Southbreeze Dr.</u>			
Suite, Apt. #, Etc.			
City <u>Tampa</u>		State <u>FL</u>	Zip Code <u>33624</u>
<b>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.</b>			
Signature of Registered Agent <u>Thomas J. Daly</u>		Date <u>3-26-02</u>	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres.</u>	<u>Thomas J. Daly</u>	<u>4739 Southbreeze Dr.</u>	<u>Tampa, FL 33624</u>
<b>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)(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.</b>			
<b>SIGNATURE:</b> <u>Thomas J. Daly</u> <u>Thomas J. Daly</u> <u>3-26-02</u> <u>(813) 960-3576</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

APPROVED  
AND  
FILED

02 MAR 27 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (9/01)

Prompt  
Professional  
Service

---

---

**ABSOLUTE PLUMBING SERVICES, INC.**

STATE CERTIFICATION LIC. #CFCO 57600

1002 W. BUSCH BLVD.

TAMPA, FLORIDA 33612

(813) 960-3576

(813) 963-6162 Fax

March 26, 2002

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

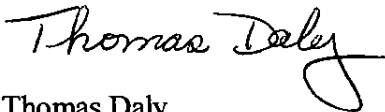
Re: Absolute Plumbing Services, Inc.

This is to inform you that I did not receive the Uniform Business Report for filing the 2001 renewal.

I have enclosed a check in the amount of \$308.75 for the 2001/2002-renewal fee and also to receive a Certificate of Good Standing.

Please wavier any penalties I may have incurred and accept my deepest apologies.

Sincerely,



Thomas Daly  
Owner

CCRS  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 3-27-02

REF. #: 0862.5754

CORP. NAME: ABSOLUTE PLUMBING SERVICES, INC.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input checked="" type="checkbox"/> REINSTATEMENT    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                   |
| <input type="checkbox"/> OTHER: _____                |   |  |

STATE FEES PREPAID WITH CHECK# 4150 FOR \$ 308.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |  |  |

Examiner's Initials

RECEIVED  
02 MAR 27 PM 1:42  
TALLAHASSEE, FLORIDA  
CORPORATION