

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN -5 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

CORPORATION
REINSTATEMENT

DOCUMENT # P85000040910

1. Corporation Name
BLAZE PLUMBING & MECHANICAL, INC.

2. Principal Office Address 12570 S.W. 45 Street Suite, Apt. #, etc. Miami City & State Florida Zip 33175		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country USA	
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-06/18/02--01072--004
***600.00 ***600.00

4. Date Incorporated or Qualified To Do Business in Florida 5/16/1995	
5. FEI Number 65-0582200	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name FUTCH, JANET		
Street Address (P.O. Box Number is Not Acceptable) 12570 S.W. 45 Street		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33175

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 Janet Futch Date _____
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
D	FUTCH, JANET	12570 S.W. 45 Street	Miami, FL 33175
		101.25 - AR	
		10.00 - AR/ART	
		88.75 - AR/Sup	
		400.00 - Gra	

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.

SIGNATURE: Janet Futch JANET FUTCH Date: 305- Daytime Phone #

CR2E081 (9/01)