

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN -5 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

**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

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**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** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

900005819199--1  
-06/18/02--01072--004  
\*\*\*600.00 \*\*\*600.00

**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*

REGISTERED AGENT MUST SIGN

Date

**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-ARPKT	
		88.75-ARsup	
		400.00-Cra	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET FUTCH

Date

305-

Daytime Phone #

CR2E081 (9/01)