

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED pg 10/2

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996-1997

97 MAR 12 AM 10:56

DOCUMENT # **P95000062690**

**ANNUAL
REPORT**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

PBM Plumbing, Inc.

Principal Place of Business

Mailing Address

**5540 NW 52nd Circle
Coconut Creek, Florida 33073-3738**

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

10-2-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0604949

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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
President	Michael D. Flemming, Sr.	same as above	Coconut Creek, FL 33073
			4000002116534--1
			-03/18/97--01099--003
			***365.00 ***365.00
			A. Alan 3/12/97

8. Name and Address of Current Registered Agent

Same as above

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-97

Date

954-977-8000

Daytime Phone #

CFR2040 (12/96)

pg 2 of 2

P. B. M. PLUMBING, INC.
5540 N.W. 52nd Circle
Coconut Creek, Florida 33073-3738
(954) 977-8002
Beeper (954) 521-4150
Fax (954) 570-6155

March 6, 1997

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Amy Aalan

Re: PBM Plumbing, Inc.

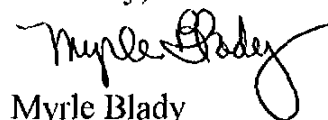
Dear Miss Aalan:

Thank you for taking the time to speak with me not long ago. As I explained to you on the phone, the corporation was set up and the original papers were sent in by the accountant. Being new to me, I was unaware of any filing fee that had to be taken care of annually. Our mailing address was changed and the annual report packet was never forwarded to our new address. When speaking with our accountant, I was reminded that the 1997 Annual Corporate Report must be filed by May 1, 1997. I mentioned that I never received the packet and I was given your number.

Thank you for sending me the reinstatement forms. I am enclosing a check in the amount of \$365.00, \$200.00 for 1996 and \$165.00 for 1997.

Thank you again for all your help in clearing up this matter.

Sincerely,



Myrle Blady
Office Manager

Enclosures

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

1997 MAR 12 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #PA5000055896

ONE STEP OF MIAMI, INC.

Principal Place of Business Mailing Address
5791 SW 51 TERRACE
MIAMI, FL. 33155

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Gilbert A. Contreras, Esq.
2903 Salzedo St.
Coral Gables, FL. 33134

10. Name and Address of New Registered Agent

81 Name Adorno Zeder P.A. c/o Gil Contreras
82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Dr.
83 Suite 1600
84 City Miami FL 85 Zip Code 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not a will, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Stephanie Koutamany

(NOTE: Registered Agent Signature required when registering)

3/10/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
	Koutamany, Stephanie	5791 SW 51 Terrace	Miami, FL 33155	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an addition with an address.

SIGNATURE: Stephanie Koutamany

3/10/97 (305) 471-3973

CR2E034 (9/96)