

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

96 DEC 30 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-01/03/97--01183--003
****383.75 ****383.75

DOCUMENT # P95000078822 (0)

1 Corporation Name

FAST PLUMBING, INC.

Principal Place of Business

Mailing Address

12520 SW 7 PL
DAVIE, FL. 33325

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/95

5. FEI Number

Applied For

Not Applicable

65-0618654

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 non-profit 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
PSD	OLGA L. OLMEDA	12520 SW 7 PL	DAVIE, FL. 33325
VD	ALAN D. SCALES	20510 SW 115 RD	MIAMI, FL. 33189
TM	NELSON OLMEDA	12520 SW 7 PL	DAVIE, FL. 33325

REINSTATEMENT 1/996
A. Alan
12/30/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OLGA L. OLMEDA
125 20 SW 7PL
DAVIE, FL. 33325

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

OLGA L. OLMEDA

Olga Olmeda
REGISTERED AGENT MUST SIGN

Date

12/19/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: OLGA L. OLMEDA, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Olga Olmeda

Date

Daytime Phone #

12/19/96

CP2E040 (12/95)