## FILED Dec 06, 2002 8:00 A.M. Secretary of State

## PLEASE READ ALL INST

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COSTILIAN CONTRACTOR OF THE PROPERTY OF THE PR		JIM Smith Secretary of State rision of corporations	IAI E			,		
DOCUMENT # P950	٥٥٥٥	84215						
- Able Plumbi	ng Si	ystems,Ir	Υ.	_				
2. Principal Office Address 6066 188 Trail N	3. Mailing (	Office Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. Date incorporated or Qualified				
ciny a state Loxahatchee	City & State			To Do Business in Florida 10 30 1995  5. FEI Number Applied For				
33470 Country	<sup>Zip</sup> 33ч	170 US		6. CERTIFICATI	- O 6 E OF STATUS	neemen [7] \$8.75 Addit	Not Applicable tonal Fee required theate of Status	
	7. )	Name and Address of Current	Register	ed Agent		······································		
Name William	7	C. L				· · · · · · · · · · · · · · · · · · ·		
					<u>4000</u>	0086275	1.4	
Street Address (P.O. Box Number is Not Acceptable)					/28/02-	01088024	**:50.00	
Suite, Apt. #, Etc.	<u> </u>							
City					T			
Loxahata	• ·····••			State	Zip Code 470	)		
8. 1, 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.								ê
Signature of,							CR2E081 (9/01)	
Registered AgentREGISTERED AGENT MUST SIGN					Date			8
9. Names and Street Addresses of Each Officer and			list at los	at 2 disease -1				
Titles Name of Officers and/or Directors	ss Name of		Street Address of Each Officer and/or Director			City / State / Zip		
PVTD Eggert, Willia	im N	10000188 m	oil	Ν.	Lor	cahatchee	+L33470	•
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10. I certify that I art 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 filling 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 individual 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 each.

ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: /

SIGNATURE AND TYPED OR PRINTE

10/23/02

305-308-6739

Date

Daytime Phone #

10/23/02

To Whom It May Concern,

Please be advised that our company Able Plumbing Systems Inc. did not receive our renewal forms for our company annual report.

Enclosed is a check for our renewal.

Also enclosed is our application for reinstatement.

Sincerely,

William Eggert