

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR 11 PM 4:00

DOCUMENT # 096000012449

1. Corporation Name

Action Service Plumbing of Brevard, Inc.

2. Principal Office Address

696 Murset Ave, SE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 500991

Suite, Apt. #, etc.

City & State

Palm Bay, FL

City & State

Malabar, FL

Zip

32909

Country

USA

Zip

32950

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

593359443

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Dennis K. King

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

696 Murset Avenue, SE

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32909

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

Dennis K. King

REGISTERED AGENT MUST SIGN

Date

4-8-02

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
PVP	Dennis K. King	696 Murset Ave, SE	Palm Bay, FL 32909

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:

Dennis K. King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-08-02 321-676-5333

Daytime Phone #

CR25081 (9/01)