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
TALLAHASSEE, FLORIDA
02 MAR 22 PM 4:29

DOCUMENT # P96000057758

1. Corporation Name

FIRST PLUMBING and AIR CONDITIONING of FLORIDA, INC.

REINSTATEMENT 01-2002

2. Principal Office Address	3. Mailing Office Address
13932 Methodist Church Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Dover FL	
Zip: 33527 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 06/01/96

5. FEI Number: 59-3389067 ☐ 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: Timothy Trujillo

Street Address (P.O. Box Number is Not Acceptable): 13932 Methodist Church Road

Suite, Apt. #, Etc.:

City: Dover State: FL Zip Code: 33527

100005259031--1
-04/15/02--01004--003
****150.00 ****150.00

100005259031--1
-04/15/02--01004--004
****750.00 ****750.00

CR2E081 (9/00)

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: X Timothy Trujillo
REGISTERED AGENT MUST SIGN

Date: 12/18/01

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
Pres.	Timothy Trujillo	13932 Methodist Church Rd	Dover FL 33527
V-Pres	Marty Moser	2123 Alvarado Lane	Sarasota FL 34231

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: X Timothy Trujillo 12/18/01 813 631-1361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #