

APPLICATION FOR **09** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P 96000077069

1. Corporation Name

Plumbers Service, Inc.

Mailing Address: 7003 NORTH WATERWAY DR. #223  
Miami, FL 33155  
Principal Place of Business: SAME

FILED  
99 DEC 10 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT **09**

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable 7003 North Waterway Dr. Suite, Apt. #, etc. # 223	3. New Principal Office Address, if Applicable Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 09/16/96	SP
City & State Miami, FL	City & State	5. FEI Number 65-0710216	Applied For Not Applicable
Zip 33155	Country DADC	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	See 75-A Article of Incorporation or 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
D	CABRERA, Reinaldo M	10016 S.W. 20th St. Miami	Miami, FL 33165
D	PAADRON, Flavio	2050 S.W. 64th Ave. Miami, FL 33144	Miami, FL 33144
D	NORIEGA, Jose	2610 S.W. 90th Ave	Miami, FL 33165
			400003070044--3 -12/14/99-01099-037 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Cabrera, Reinaldo M. 10016 S.W. 20th St. Miami, FL 33165	Name Same
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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: Reinaldo Cabrera Date: 12/7/99  
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. 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.)

13. 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: Reinaldo Cabrera Date: 12/7/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

DCE-500 (8-94)