

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 DEC -9 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000009878**

1. Corporation Name

**PLUMBERS ENTERPRISE CORPORATION**

Principal Place of Business

Mailing Address

5191 NW 74 AVE.  
MIAMI FL 33166

5191 NW 74 AVE.  
MIAMI FL 33166



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

2. New Principal Office Address, If Applicable <b>2900 N.W. 33 Ave.</b>		3. New Mailing Office Address, If Applicable <b>2900 N.W. 33 Ave.</b>		4. Date Incorporated or Qualified To Do Business In Florida <b>01/31/1997</b>	
Suite, Apt. #, etc. <b>Miami, FL 33142</b>		Suite, Apt. #, etc. <b>2900 N.W. 33 Ave.</b>		5. FEI Number <b>65-0725586</b>	
City & State		City & State <b>Miami</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <b>33142</b>	Country <b>Dade</b>	Zip <b>FL 33142</b>	Country <b>Dade</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for 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	4. City / State / Zip
D	HERNANDEZ, NEMECIO	5001 NW 187 ST.	MIAMI FL 33055
			988883876789-8
			-12/21/99--01060--022
			***750.00 ***750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNANDEZ, NEMECIO  
5191 NW 74 AVE.  
MIAMI FL 33166

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **12/6/99**

11. 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/6/99** **305 633-9994**  
Date Daytime Phone #

CR2E040 (8/99)