

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

 **00-01-1122**

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

FILED

01 MAY -9 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000075402

1. Corporation Name
PLUMBER INC.

2. Principal Office Address

7892 NW 170 Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33015

Country

USA

3. Mailing Office Address

7892 NW 170 Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33015

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1997

5. FEI Number

65-0777364

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

Priscila M. Cascardo

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

7892 NW 170 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

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

PM

REGISTERED AGENT MUST SIGN

Date 4/30/01

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
President	Priscila M. Cascardo	7892 NW 170 Terrace	Miami, FL 33015
			7000004342377--4
			-06/05/01--01094--003
			***300.00 ***300.00
			SP

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:

PM President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (305) 758-6237

Date

Daytime Phone #

P-L-U-M-B-E-R, Inc.

May 2, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Marquita:

I'm writing today as confirmation of our telephone conversation. I requested a reinstatement form and never received it from your office. I was able to obtain a copy and hope that is adequate. As we spoke, my business is in an INACTIVE status. Back in April of 1999 I sent in the proper information for the changes that were made in the officers of our corporation and the address changes.

I see that some of the information is on file but we have not received any correspondence because the corporation's address was not changed. I would like to request that this situation is considered as the reason why we did not activate our corporation status.

Being a new business owner I was not very much in tuned as to all the legal paperwork that needed to be maintained. As per our conversation I am enclosing a company check in the amount of three hundred dollars along with the Reinstatement Application for your approval.

Thank you for taking the time to talk to me and for making this process understandable. I appreciate when someone lends me a hand. I hope that you find the paperwork in order. Should you need additional information from me, please contact me directly at (305)418-5281.

Sincerely,



Priscila M. Cascardo
President