

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 17 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000017061

1. Corporation Name
JBM PLUMBING, INC.

2. Principal Office Address
1824 W. AVENUE

3. Mailing Office Address
1824 W. AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

Zip Country
33139

Zip Country
33139

4. Date Incorporated or Qualified To Do Business in Florida 02/23/1998

5. FEI Number 65-0546435 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name MEISELMAN, JAY

700010180387
01/17/03--01020--015 **1058.75

Street Address (P.O. Box Number is Not Acceptable) 1824 W. AVENUE

Suite, Apt. #, Etc.

City MIAMI BEACH

State Zip Code
FL 33139

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 REGISTERED AGENT MUST SIGN

Date 1/16/03

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
PSTD	MEISELMAN, JAY	1824 W. AVENUE	MIAMI BEACH, FL 33139

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 JAY MEISELMAN
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/16/03 Daytime Phone # 305-5310491

CR2E081 (10/02)

2/1/02