

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -6 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000030156

1. Corporation Name

JPL Plumbing Services, Inc.

2. Principal Office Address

3321 NW 177 Terr.

Suite, Apt. #, etc.

3. Mailing Office Address

3321 NW 177 Terr.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33056

Country

Miami-Dade

Zip

33056

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEL Number

593504860

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

William M. Kelley

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

10842 Denver Drive

Suite, Apt. #, Etc.

City

Cooper City, FL

State

FL

Zip Code

33026

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

William M. Kelley

REGISTERED AGENT MUST SIGN

Date 9-18-03

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
P.	Jack E. Kelley	10227 Dean Point Place	Orlando, FL 32825
VP	Paul L. Kelley	3321 N.W. 177 Terr.	Miami, FL 33056
PM	William M. Kelley	10842 Denver Drive	Cooper City, FL 33026

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:

William M. Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-03 954-432-3198

Date

Daytime Phone #

CR2E081 (10/02)

21 10/6