

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000050464

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Entity Name:** ALL-STATE PLUMBING SERVICES, INC.

**Current Principal Place of Business:**

906 JAN MAR CT  
SUITE D  
CLERMONT, FL 34711

**New Principal Place of Business:**

612 W MINNEOLA AVE.  
CLERMONT, FL 34711

**Current Mailing Address:**

906 JAN MAR CT  
SUITE D  
CLERMONT, FL 34711

**New Mailing Address:**

612 W. MINNEOLA AVE.  
CLERMONT, FL 34711

**FEI Number:** 59-3513880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASIMIRO, JOEL  
540 E MINNEHAHA AVE  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

CASIMIRO, JOEL  
612 W. MINNEOLA AVE.  
CLERMONT, FL 34711 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOEL CASIMIRO

10/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: CASIMIRO, CONNIE  
Address: 612 W. MINNEOLA AVE.  
City-St-Zip: CLERMONT, FL 34711

Title: P  
Name: CASIMIRO, JOEL  
Address: 612 W. MINNEOLA AVE.  
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOEL CASIMIRO

P

10/01/2010

Electronic Signature of Signing Officer or Director

Date