

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *192*

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000097308		
<p>1. Corporation Name Sunrise Plumbing of Central FL, Inc.</p>		

2. Principal Office Address 3501 W. Vine St	3. Mailing Office Address 3501 W. Vine St		
Suite, Apt. #, etc. Suite 397	Suite, Apt. #, etc. Suite 397		
City & State Kissimmee, FL	City & State Kissimmee, FL		
Zip 34741	Country United States	Zip 34741	Country United States

4. Date Incorporated or Qualified To Do Business in Florida	11/16/98
5. FEI Number 59-3541782	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

300009557053  
12/17/02--01035--001 \*\*\*158.75

7. Name and Address of Current Registered Agent			
Name Vilma Pellet			
Street Address (P.O. Box Number is Not Acceptable) 2954 Kristen Ct.			
Suite, Apt. #, Etc.			
City Kissimmee		State FL	Zip Code 34744

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 *Vilma Pellet*

Date 12/11/02

CR2E081 (9/01)

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
P	Vilma Pellet	2954 Kristen Ct	Kissimmee, FL 34744
VP	David Pellet	2954 Kristen Ct	Kissimmee, FL 34744

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: <i>David Pellet</i>	David Pellet	Date 12/11/02	Daytime Phone # 407-847-0884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			