

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

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

FILED
02 DEC 18 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

7. Name and Address of Current Registered Agent	
Name Vilma Pellot	
Street Address (P.O. Box Number is Not Acceptable) 2954 Kristin 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 Pellot

Date
12/11/02

REGISTERED AGENT MUST SIGN

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 Pellot	2954 Kristen Ct	Kissimmee, FL 34744
VP	David Pellot	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:

David Pellot

David Pellot

12/11/02

407-847-0884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)