# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Feb 12, 2007**
**Secretary of State**

DOCUMENT# P99000111498

**Entity Name:** MASTER PLUMBING SYSTEMS, INC.

**Current Principal Place of Business:**

865 EVERGLADES BLVD. S.
NAPLES, FL 34117

**New Principal Place of Business:**

535 109TH AVE NORTH
NAPLES, FL 34108

**Current Mailing Address:**

865 EVERGLADES BLVD. S.
NAPLES, FL 34117

**New Mailing Address:**

535 109TH AVE NORTH
NAPLES, FL 34108

**FEI Number: 59-3616787** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CARTA, ADOLFO A
865 EVERGLADES BLVD. S.
NAPLES, FL 34117 US

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

CARTA, ADOLFO A
535 109TH AVE NORTH
NAPLES, FL 34108 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: ADOLFO A CARTA 02/12/2007
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: CARTA, ADOLFO A
Address: 865 EVERGLADES BLVD. S.
City-St-Zip: NAPLES, FL 34117

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: CARTA, ADOLFO A
Address: 535 109TH AVE NORTH
City-St-Zip: NAPLES, FL 34108

Title: VP ( ) Change (X) Addition
Name: RIVERA, EDELMIRO
Address: 535 109TH AVE NORTH
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDELMIRO RIVERA VP 02/12/2007
Electronic Signature of Signing Officer or Director Date