

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

APPROVED AND FILED
1999 AUG 27 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 571526

1. Corporation Name
DADE CITY PLUMBING INC.

~~XXXXXXXXXX~~

Principal Place of Business	Mailing Address
18341 HAMILTON ROAD DADE CITY FLA. 33525	18341 HAMILTON ROAD DADE CITY FLA. 33525

REINSTATEMENT

97-99
AD

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 07/29/91	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3076386	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	PATRICK J. HAMILTON	22238 DUPREE DRIVE	LAND O' LAKES FLA 34639
			000002977330--6 -09/02/99--01078--889 ***1050.00 ***1050.00
			000002977330--6 -09/02/99--01078--011 *****8.75 *****8.75

8. Name and Address of Current Registered Agent PATRICK J. HAMILTON 22238 DUPREE DRIVE LAND O' LAKES FLA 34639		9. Name and Address of New Registered Agent Name PATRICK J. HAMILTON Street Address (P.O. Box Number is Not Acceptable) 22238 DUPREE DRIVE Suite, Apt. #, Etc. City LAND O' LAKES State FL Zip Code 34639	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: 8/2/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(l), 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: *[Signature]* 8/2/99 352-567-7920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2000 (12/98)