

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 OCT 29 PM 3: 52 <i>with 10/29</i>																																	
DOCUMENT # S79360																																					
1. Corporation Name NELCO PLUMBING CONTRACTORS, INC.																																					
Principal Place of Business 5692 MULAT RD MILTON FL 32583		Mailing Address P.O. BOX 3587 MILTON FL 32572-3587																																			
																																					
REINSTATEMENT 99																																					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																																					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. 5480 Pine Barron Rd. City & State Milton, FL Zip 32570		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Country Santa Rosa		4. Date Incorporated or Qualified To Do Business in Florida 08/27/1991																																	
				5. FEI Number 59-3101790																																	
				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																																	
				6. CERTIFICATE OF STATUS DESIRED <input 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)																																					
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Title(s) 1</th><th style="width: 30%;">Name of Officers and/or Directors 2</th><th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3</th><th style="width: 30%;">City / State / Zip 4</th></tr></thead><tbody><tr><td>P</td><td>NELSON, DARVENE C.</td><td>5480 PINE BARRON RD.</td><td>MILTON FL 32570</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4	P	NELSON, DARVENE C.	5480 PINE BARRON RD.	MILTON FL 32570																								
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4000002337984-1 -11/04/97--01082--002 ****750.00 ****750.00																																					
8. Name and Address of Current Registered Agent																																					
9. Name and Address of New Registered Agent																																					
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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 <i>[Signature]</i> Date 10-26-97																																					
REGISTERED AGENT MUST SIGN																																					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (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)(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>[Signature]</i> 10/27/97 850-626-8650 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																					

CR2E040 (8/97)