

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 10 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V61892

1. Corporation Name

EXCEL PLUMBING SERVICES, INC.

Principal Place of Business

Mailing Address

9261 S.W. 85 STREET
MIAMI FL 33173

9261 S.W. 85 STREET
MIAMI FL 33173

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0354153

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4. City / State / Zip
S	RAMIREZ, EVELIO	1350 WEST 29TH STREET APT 2	HIALEAH FL 33012
T	TELLERIA, LEONEL	6460 WEST 27TH CT APT 12	HIALEAH FL 33016
P	PEREZ, CARLOS	9261 SW 85th STREET	MIAMI FL 33173
			800003103468--1 -01/19/00--01100--008 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEREZ, CARLOS 9261 S.W. 85 ST. MIAMI FL 33173	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
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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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-8-99

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/99 (305) 273-1138

Date

Daytime Phone #

CR25040 (8/99)

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Excel Plumbing Services, Inc.

9261 S.W. 85 St.
Miami, FL 33173
(305) 273-1138

From: Carlos Perez

To: Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32399

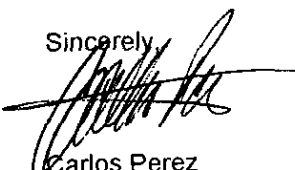
Date: December 7, 1999

To whom it may concern:

I am writing this letter to notify you, that I never received the Annual Report. Attached herewith please find an application for reinstatement and a check for \$150.00. Please correct your records accordingly and regret this (first time) unfortunate situation. I hereby respectfully request for you to waive all penalties and interest due.

I thank you in advance for your support in this matter, if I could be of any further help please feel free to contact me at the above address,

Sincerely,


Carlos Perez
President