


### 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV -3 PM 5:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000128283</b>			
1. Entity Name <b>SEWER ROOTER, INC.</b>			
Principal Place of Business <b>3010 AMELIA AVE MARIANNA, FL 32446</b>		Mailing Address <b>3010 AMELIA AVE MARIANNA, FL 32446</b>	
2. Principal Place of Business <i>1709 N Hwy 173</i>		3. Mailing Address <i>P.O. Box 2012</i>	
State, Apt. #, etc. <i>Deeraville St</i>		State, Apt. #, etc. <i>Marianna St</i>	
City & State <i>32440</i>		City & State <i>32447 Jackson</i>	
Zip <i>32440</i>		Zip <i>32447</i>	
County <i>Holmes</i>		County <i>Jackson</i>	
4. FTI Number <i>84-1656557</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WORLEY, DANNY 3010 AMELIA AVE MARIANNA, FL 32446</b>		7. Name and Address of New Registered Agent Name: <i>Danny R. Worley</i> Street Address (P.O. Box Number is Not Acceptable): <i>1709 N Hwy 173</i> City: <i>Deeraville</i> FL Zip Code: <i>32440</i>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Danny R. Worley</i> (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>P</b>	<input type="checkbox"/> Delete	TITLE: <b>6000611408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WORLEY, DANNY</b>		NAME: <b>11/03/05-01045--002</b>	**\$150.00
STREET ADDRESS: <b>3010 AMELIA AVE</b>			
CITY-ST-ZIP: <b>MARIANNA, FL 32446</b>			
TITLE: <i>President</i>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <i>Danny R. Worley</i>		NAME:	
STREET ADDRESS: <i>1709 N Hwy 173</i>		STREET ADDRESS:	
CITY-ST-ZIP: <i>Deeraville St 32440</i>		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Danny R. Worley</i>		Date: <i>11-2-05</i> (850) 547-3288	
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR		Date	