

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000130541

1. Corporation Name

PAYLESS SEWER AND DRAIN CLEANING, INC.

2. Principal Office Address - (No P.O. Box #)

22859 Dolphin Rd
Suite Apt # etc

3. Mailing Office Address

22859 Dolphin Rd
Suite Apt # etc

City & State

Boca Raton FL

Zip Country

33428 PALM Bch Co.

City & State

Boca Raton FL

Zip Country

33428 PALM Bch Co.

FILED
10 FEB 22 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

87-0784329

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald Costantino

Street Address (P.O. Box Number is Not Acceptable)

22859 Dolphin Rd

Suite Apt # Etc

City

Boca Raton

State

FL

Zip Code

33428

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box you are certifying the prior notices were not received and requesting the reinstatement fee.

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02/22/10--01061--005 **450.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Ronald Costantino

REGISTERED AGENT MUST SIGN

Date 2-13-2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City, State, Zip |
|-------|-----------------------------------|--|---------------------|
| P | Ronald Costantino | 22859 Dolphin Rd | Boca Raton FL 33428 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: Cory.x.05 @ G.MAIL.COM

(To be used for future annual report notification)

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, I further certify 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: Ronald Costantino

RONALD COSTANTINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-13-2010

Daytime Phone #