PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000011711

1. Corporation Name

NU-DRAIN, INC.

Principal Place of Business

Mailing Address

705 STANDISH DR.

ST. AUGUSTINE FL 32086

705 STANDISH DR.

ST. AUGUSTINE FL 32086

JA.

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

REINSTATEM	######################################	200°	
Date Incorporated or Qualified To Do Business in Florida	02/09/1995		
5. FEI Number		Applied For	

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable					Date Incorporated or Qualified To Do Business in Florida 02/09/1995			
Suite, Apt. #, etc. Suite, Apt. #,		[‡] , etc.		5. FEI Number App		Applied For		
City & State		City & State		59-3295462 - Not Applic				
Zip	Coun	try	Zip		Country	6. CERTIFICAT	E OF STATUS DESIRED S	3.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses	of Each Officer an	d/or Director (Flo	rida nonprof	t corporations must list at le	east 3 directors)		
Title(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director		City / State / Zip			
PD	HOUCK, RANDALL J 708			705 STAN	05 STANDISH DR		ST. AUGUSTINE FL 32086	
SD	HOUCK, DOROTHY			705 STANDISH DR		ST. AUGUSTINE FL 32086		
							*****750.0	2343 2 -01015-002 0 ****750.00
 .	8 Name and	Address of Curren	t Registered Age	ent		9. Name and	Address of New Registered	l Agent
ALLEN, BRINTON & SIMMONS P.A. ONE INDEPENDENT DRIVE STE. 3200			Name 570µ					
			Street Address (P.O. Box Number is Not Acceptable) 225 WATCA J-WLL+					
			Suite, Apt. #, Etc. Suite 2050					
						ONULLE	Sta F	L 3220L
10. I, beir Signature Registered	/ /	ered agent of the a			amiliar with and accept the	erry,	Date 11/7/00	
registere.	Agoni Agoni	1	REGISTERED AG		SIGN GOLAMON	SUMMON A	4.	

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 AND SPECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/00

(904) 794-0690

Daytime Phone