

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 11 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 458734

1. Corporation Name

A ADVANCE SEPTIC
AND DRAIN SERVICE, INC.

WID — 5920

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

2721 OAKBROOK HAVEN

3. Mailing Office Address

P.O. Box 268117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON FL 33332

City & State

WESTON FL 33332

Zip

33332

Country

USA

Zip

33332

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-29-1974

5. FEI Number

59-1635378

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

Leta C. Behren

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

2721 OAKBROOK HAVEN

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33332

☒ 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 be waived.

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

Leta C. Behren

Date 2-1-2010

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	Leta C. Behren	2721 OAKBROOK HAVEN	WESTON, FL 33332

500167985925
02/11/10--01032--019 **308.75

2/2/12

10. E-mail Address: AAA DATA AT GMAIL.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:

Leta C. Behren Leta C. Behren

Date

2-1-10

Daytime Phone #

954 472-3100