

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

REINSTATEMENT 04-10

500167985925
02/04/10--01005--018 **750.00
CR2E081 (11/09)

DOCUMENT # 458734

1. Corporation Name
A **AAA ADVANCE SEPTIC
AND DRAIN SERVICE, INC**
W10 — 5920

2. Principal Office Address - No P.O. Box #
2721 OAKBROOK HAVEN

3. Mailing Office Address
P.O. Box 268117

Suite, Apt. #, etc.

City & State
WESTON FL 33332

City & State
WESTON FL ~~33332~~ 33326

Zip Country
33332 USA

Zip Country
33326 USA

4. Date Incorporated or Qualified
To Do Business in Florida 7-29-1974

5. FEI Number
59-1635398 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
LITA C. BEHREN

Street Address (P.O. Box Number is Not Acceptable)
2721 OAKBROOK HAVEN

Suite, Apt. #, Etc.

City State Zip Code
WESTON FL 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 Lita 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	LITA C. BEHREN	2721 OAKBROOK HAVEN	WESTON, FL 33332

500167985925
02/11/10--01002--019 **308.75

JC 2/12

10. E-mail Address: AAA DRAIN AT CMAIL.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: Lita C. Behren LITA C. BEHREN Date 2-1-10 954 4723100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #