PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORAT REINSTATEM	15 Table 1414-15	Secretar	RTMENT OF STATE ry of State CORPORATIONS	0.	FILED 8 NOV 10 PM 2: 16	i
		W080000	49020	SI	CRETARY OF STATE	
DOCUMENT # F05000005212				TALLAHASSEE, FLORID		
US Sower & Orain Inc				REINSTATEMENTOL-		
US Sewer & Drain, Inc						71 4 100
				400	137251104 301023015 **4	. Co. oo
2. Principal Office Address - No P.O. Box # 1100 Wood Lane		3. Mailing Office Address		CR2E081 (10/08)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified		
City & State		City & State		To Do Business		
Langhorne, Pa		ony di onate		5. FEI Number 232834575		Applied For Not Applicable
^{Zip} 19047	Country	Zip .	Country	CERTIFICATE OF STATUS DESIRED \$8.75 Additional F for a Certificate		
7. Name and Address of Current Registered Agent						
Jeremy Bowman				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		
Street Address (P.O. Box Number is Not Acceptable)						
2670 Banyan Rd unit A-32						
City State Zip Code Boca Raton, FL 33432				fee be wa		
Boca Raton,						
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					Date 10 17 08	
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 Eac Officer and/or Directo	ah e	City / State / Zip	
PRES. JEREMY BONMAN 46 EAGE			EAGEMONT	LANE L	Anghorne, PA.	19047
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			c = -		TOTAL TOTAL RA	ENT
			**	KE	NO 1/1 EIV	
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10. 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 filling 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal offect as if made under oath.						
SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10 17 08 215-702-9100 Date Daytime Phone #						

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