

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P O BOX 4782
BOYNTON BEACH FL 33424-782
IIS

P O BOX 4782
BOYNTON BEACH FL 33424-782
IIS

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address (If Applicable)

3 New Mailing Office Address If Applicable

Suite, Apt #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/16/1995

5. FEI Number

36-3139571

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PETERSON, D.W.	446 S COUNTRY CLUB DR	ATLANTIS FL
V	PETERSON, T.R.	446 S COUNTRY CLUB DR	ATLANTIS FL
P	PETERSON, B.D.	446 S COUNTRY CLUB DR	ATLANTIS FL

800003060028 SP-4

-12/03/99--01063--011

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PETERSON, D.W.
446 S COUNTRY CLUB DR
ATLANTIS FL 33462

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Responsible Manager:

REGISTERED AGENT MUST SIGN

Date _____

11-8-99

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

0061842 AF



AMERICAN POWER RODDING CORP.


Air Testing • Culvert, Storm and Sanitary Sewer Cleaning • Sewer Television Inspecting
Catch Basin and Inlet Vacuum Cleaning • Lift Station Cleaning
Lift Station and Manhole Sealing • Pipe Grouting

DATE: OCTOBER 22, 1999
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

DEAR KATHERINE HARRIS,

WE NEVER GOT THE RENEWAL NOTICE. PER PHONE CALL ON 10/20/99 WE ARE
ENCLOSING A CHECK FOR \$150.00 AS WE WERE TOLD. WE ARE FOR NOT FILING
AS WE NEVER GOT NOTICE.

THANK YOU


D.W. PETERSON

V. PRES.

