

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | |
|--|---|---|--|
| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | FILED 00 JUL 26 PM 1:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
|--|---|---|--|

DOCUMENT # H43830

1. Corporation Name
 Hinson Septic Tank Service, Incorporated

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 3330 Orlando Road Panama City, FL 32405 | 3330 Orlando Road Panama City, FL 32405 |

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 Address, If Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida: 02/21/1985 **SP**

5. FEI Number: 59-2492259
 Applied For: Not Applicable:

6. CERTIFICATE OF STATUS DESIRED **\$875 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 (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|-----------------------|
| 1 | 2 | 3 | 4 |
| PD | Donald W. Griner | 3330 Orlando Road | Panama City, FL 32405 |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|--|--|
| 8. Name and Address of Current Registered Agent Donald W. Griner 3330 Orlando Road Panama City, FL 32405 | 9. Name and Address of New Registered Agent 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 Registered Agent: *Donald W. Griner* Date: 7/13/00

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Donald W. Griner*, Donald W. Griner Date: 7/13/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (12/95)