

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 APR 22 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H43830**

**1. Corporation Name**

HINSON SEPTIC TANK SERVICE, INCORPORATED

**2. Principal Office Address**

3330 Orlando Road

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32405

Country

USA

**3. Mailing Office Address**

3330 Orlando Road

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32405

Country

USA

**REINSTATEMENT 01-02**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/21/1985

**5. FEI Number**

59-2492259

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

Donald W. Griner

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

3330 Orlando Road

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32405

200005432272-0  
-05/03/02--01014--003  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

**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

*Donald W. Griner*

Date 3/25/02

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
PD	Donald W. Griner	3330 Orlando Road	Panama City, FL 32405

**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 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:**

*Donald W. Griner* DONALD W. GRINER

3/25/02

Date

(850) 763-9020

Daytime Phone #

CR2E081 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 18, 2002

ABSOLUTE OF SOUTH MIAMI, INC.  
5890 S.W. 69 STREET  
MIAMI, FL 33143

SUBJECT: ABSOLUTE OF SOUTH MIAMI, INC.  
Ref. Number: P00000059441

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We have received your document for ABSOLUTE OF SOUTH MIAMI, INC. and your check(s) totaling \$750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2001 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application/annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 2001 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$900.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2002 Annual Report/Uniform Business Report and Supplemental Fee.

You have a balance due of \$350.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan  
Document Specialist

Letter Number: 702A00016277