

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # J48097

1. Corporation Name

DUVAL SEPTIC TANK COMPANY

Principal Place of Business

Mailing Address

5131 DOOLITTLE ROAD
JACKSONVILLE FL 32254
US

PO BOX 37068
JACKSONVILLE FL 32236
US

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

12/19/1986

SP

6. FEI Number

59-2758534

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NELDNER, DAVID C.	5340 SOUTEL DR.	JACKSONVILLE FL 32254
S	CHEPENIK, MARVIN H.	5340 SOUTEL DR. 5131 Doolittle Rd.	JACKSONVILLE FL 32254
V	GRAY, DAVID F.	5340 SOUTEL DR. 5131 Doolittle Rd.	JACKSONVILLE FL 32254
P	Gary D. Gray	5131 Doolittle Rd.	Jacksonville FL 32254
			500003026725--1 -10727799--01080--004 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NELDNER, DAVID C.
5340 SOUTEL DR
JACKSONVILLE FL 32208

Name
Gary D. Gray
Street Address (P.O. Box Number is Not Acceptable)
5131 Doolittle Rd
Suite, Apt. #, Etc.

City Jacksonville State FL Zip Code 32254

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

[Signature] REGISTERED AGENT MUST SIGN

Date 10/14/99

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)(j), 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] DUVAL F. GRAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/99
Date

(904) 724-7211
Daytime Phone #



REINSTATEMENT 99

FILED

99 OCT 19 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA