

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

98 APR -7 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 200033

1. Corporation Name
B+B Septic and Environmental Services, Inc.

Principal Place of Business Mailing Address
1585 North Kepler Road
PO box 1399
DeLand, FL 32721-9399

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		4. Date Incorporated or Qualified To Do Business in Florida 7-5-99	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2956557	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	Michael E. Ricks	6249 LAKE DR. STARKE FL. 32091	STARKE FL. 32091
VP.D.	William B. Grey	12960 Bearpaw place	JAY FL. 32246
seer.	JAMES D. Ricks	8002 Fontcaroline Rd PObox 9327	JAY FL. 32211
			200002482702--2 -04/08/98--01075--018 ****908.75 ****908.75 APR 7/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Michael E. Ricks 6249 Lake Dr. Starke FL. 32091		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code FL

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 Michael E. Ricks

Date 4-07-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: Michael E. Ricks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-07-98 604) 734-1786
Date Daytime Phone #

CR2040 (1/98)