

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 18 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L22001

1. Corporation Name

Southern Septic & Sewer, Inc.

2. Principal Office Address

2601 S.R. 674

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1377

Suite, Apt. #, etc.

City & State

Ruskin FL

Zip Country

33570 Hillsborough

City & State

Ruskin FL

Zip Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/1989

5. FEI Number

592972734

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

Dean Driggers

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

2808 30th Street SE

Suite, Apt. #, Etc.

City

Ruskin Florida

State

FL

Zip Code

33570

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

[Signature]

Date

3/22/02

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
P	Dean Driggers	2808 30th St SE	Ruskin FL 33570
VP	James Fugua	2610 Hwy 41	Ruskin FL 33570

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02

Date

813-645-6488

Daytime Phone #