PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
03 OCT 24 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003

200024091992
10/24/03--01060--034 **8.75

200024091992
10/24/03--01060--033 **750.00

DOCUMENT # L22001

1. Corporation Name: Southern Septic + Sewer Inc.

2. Principal Office Address	3. Mailing Office Address
2401 Hwy 674E	PO Box 1377
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ruskin Fl	City & State: Ruskin Florida
Zip: 33570 Country: Hillsborough	Zip: 33575 Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 10/11/1989

5. FEI Number: 59-2972734 ☐ 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 St. SE

Suite, Apt. #, Etc.:

City: Ruskin 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: 10/22/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
VP	James Fugua	2410 Hwy 41 S	Ruskin Fl 33570
P	Dean Driggers	2808 30th St SE	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] 10/22/03 813-645-6488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #