

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000038213

1. Corporation Name

WOMBLE'S SEPTIC TANK SERVICE, INC.

2. Principal Office Address - No P.O. Box #
4454 ENTREPOT BLVD.

Suite, Apt. #, etc

City & State

TALLAHASSEE, FL.

Zip

32310

Country

3. Mailing Office Address

4454 ENTREPOT BLVD.

Suite, Apt #, etc

City & State

TALLAHASSEE, FL.

Zip

32310

Country

REINSTATEMENT 10-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **04/16/01**

5. FEI Number
01-0801285

☐ 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

SCOTT D. WOMBLE

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

4454 ENTREPOT BLVD.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32310

500199535255
03/28/11--01045--013 **8.75

500199535255
03/28/11--01045--012 **900.00

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

Date **03/28/2011**

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
D	SCOTT D. WOMBLE	4454 ENTREPOT BLVD.	TALLAHASSEE, FL. 32310

10. E-mail Address: **SCOTTY@WOMBLESEPTIC.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

03/28/2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #