1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 AUG 17 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048562

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08/22/06--01019--015 **608.75

CR2E081 (12/05)

REINSTATEMENT 03-06

1. Corporation Name
Sentry Septic & Plumbing Co.

2. Principal Office Address	3. Mailing Office Address
2111 San Remo Cir.	2111 San Remo Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homestead FL.	City & State: Homestead FL
Zip: 33035 Country: U.S.A.	Zip: 33035 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5-10-2001

5. FEI Number: 651111503 ☐ 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: Richard Marvez Jr
Street Address (P.O. Box Number is Not Acceptable): 2111 San Remo Cir.
Suite, Apt. #, Etc.:
City: Homestead State: FL Zip Code: 33035

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 8-16-06
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	Richard Marvez	2111 San Remo Circle	Homestead, Fl 33035

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 contained in Chapter 119, 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: _____ 8-16-06 305-562-1194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell AUG 17 2006

August 16, 2006.

Department of State.
Division of Corporations.
P.O. Box 6327
Tallahassee, Fl 32314

Re: 2003 Annual Report.

Please be advised that I did not receive the 2003 Annual Report.

By way of this letter I am requesting that the $600 REINSTATEMENT fee be waived.

Thank You.

Richard Marquez.