

# 2005 FOR PROFIT CORPORATION REINSTATEMENT


FILED

2005 OCT 21 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10102005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P02000124074</b>					
1. Entity Name <b>DRAIN ALERT PRODUCTS, INC.</b>					
Principal Place of Business <b>4217 E. 98TH AVE TAMPA, FL 33617 US</b>			Mailing Address <b>4217 E. 98TH AVE TAMPA, FL 33617 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>74-3069485</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HERNANDEZ, RODOLFO SR 4217 E. 98TH AVE TAMPA, FL 33617</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Rodolfo Hernandez</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>10/18/05</i>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	HERNANDEZ, RODOLFO SR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		HERNANDEZ, RODOLFO SR		NAME	<b>400060856054</b>
STREET ADDRESS		4217 E. 98TH AVE		STREET ADDRESS	<b>10/21/05--01029--018 **750.00</b>
CITY-ST-ZIP		TAMPA, FL 33617		CITY-ST-ZIP	
TITLE	VP	HERNANDEZ, LIBRADA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		HERNANDEZ, LIBRADA		NAME	
STREET ADDRESS		4217 E. 98TH AVE		STREET ADDRESS	
CITY-ST-ZIP		TAMPA, FL 33617		CITY-ST-ZIP	
TITLE	S,T	HERNANDEZ, RODOLFO JR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		HERNANDEZ, RODOLFO JR		NAME	
STREET ADDRESS		3808 W. GRANADA ST.		STREET ADDRESS	
CITY-ST-ZIP		TAMPA, FL 33629		CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Rodolfo Hernandez</i> DATE: <i>10/18/05</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

10/28/05