

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 15 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000117920

1. Corporation Name

WENDLAND SEPTIC, INC

WI-11924

900171654179
03/09/10--01018--004 **150.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 974 PELLAM AVE		3. Mailing Office Address 974 PELLAM AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALM BAY, FL		City & State PALM BAY, FL	
Zip 32907	Country USA	Zip 32907	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/01/2004	
5. FEI Number 26-0073064	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name THEODORE WENDLAND			
Street Address (P.O. Box Number is Not Acceptable) 974 PELLAM AVE			
Suite, Apt. #, Etc.			
City PALM BAY	State FL	Zip Code 32907	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

900171654179
03/15/10--01062--010 **308.75

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 *Theodore Wendland*
REGISTERED AGENT MUST SIGN

Date 3/4/2010

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	THEODORE WENDLAND	974 PELLAM AVE	PALM BAY, FL, 32907

REINSTATEMENT

RH

10. E-mail Address: TEDWENDLAND@CFL.RR.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., 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.

SIGNATURE: *Theodore Wendland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/2010