2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000121617

Name:

Address:

City-St-Zip:

() Delete

WININGER, RANDALL

GRAHAM, FL 32042

PO BOX 254

FILED Jun 21, 2005 Secretary of State

Entity Nan	ne: BVDS	EPTIC SYST	EMS, INC.					
Current Principal Place of Business:					New Principal Place of Business:			
ROUTE 2, BOX 789-G LAKE BUTLER, FL 32054					8230 SW SR 121 LAKE BUTLER, FL 32054			
Current Mailing Address:					New Mailing Address:			
ROUTE 2, LAKE BUTI					8230 SW S LAKE BUTI		2054	
FEI Number:	59-3684139	FEI Num	ber Applied For()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
PEWETT, (ROUTE 4, LAKE BUTI	BOX 3545	2054 US						
The above in the State		ty submits th	is statement for the p	urpose o	f changing it	s registere	d office or registered agent, or botl	h,
SIGNATUR		D. PEWETT						_
	Elect	ronic Signatı	ire of Registered Age	nt			Date	
			., the corporation did not d Contribution ().	t receive t	he prior notice	е.		
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ROUTE 2, E	() Delete , CHRISTOPHE SOX 789-G ER, FL 32054	R		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V ANDREWS, ROUTE 4, E LAKE BUTL				Title: Name: Address: City-St-Zip:	V ANDREWS, ROUTE 3, B LAKE BUTL		
Title:	ST	() Delete			Title:	ST	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER VANDUZER Ρ 06/21/2005

(X) Change () Addition

ANDREWS, DANIELLE A

LAKE BUTLER, FL 32054

ROUTE 3 BOX 1543 B