

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000121989

1. Entity Name  
DRAIN KLEEN INC.



FILED

05 MAR 14 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4267 S.E. BRITTNEY CIRCLE  
PORT ST. LUCIE, FL 34952 US

Mailing Address  
4267 S.E. BRITTNEY CIRCLE  
PORT ST. LUCIE, FL 34952 US

2. Principal Place of Business  
2250 S.E. Friendship St.  
Suite, Apt. #, etc.

3. Mailing Address  
2250 S.E. Friendship St.  
Suite, Apt. #, etc.

City & State  
Pt. St. Lucie, FL

City & State  
Pt. St. Lucie, FL

Zip Country  
34952-7018 USA

Zip Country  
34952-7018 USA



REINSTATEMENT

04-05

4. FEI Number  
35-2220145

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DVORAK, WILLIAM  
4267 S.E. BRITTNEY CIRCLE  
PORT ST. LUCIE, FL 34952

7. Name and Address of New Registered Agent

Name  
Dvorak, William  
Street Address (P.O. Box Number is Not Acceptable)  
2250 S.E. Friendship St.  
City  
Pt. St. Lucie FL Zip Code  
34952-7018

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
P  
DVORAK, WILLIAM  
STREET ADDRESS  
4267 SE BRITTNEY CIRCLE  
CITY-ST-ZIP  
PORT ST. LUCIE, FL 34952 ☐ Delete

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
P  
Dvorak, William  
STREET ADDRESS  
2250 S.E. Friendship St.  
CITY-ST-ZIP  
Pt. St. Lucie FL 34952-7018 ☒ Change ☐ Addition

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
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: William F. Dvorak  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-05

Date

772-335-2224

Daytime Phone #

B