2008 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT			•		
DOCUMENT # P03000121989)	
Entity Name DRAIN KLEEN INC.			2003 OCT 24 PM	1.1.: 1.2	
3			2000 OC 24 Th	. 4· 42	
Principal Place of Business	Mailing Address		- Richard Rich	SIATL	
2250 S.E. FRIENDSHIP STREET 2250 S.E. FRIENDSHIP STREET				LUKIDA	
PORT ST. LUCIE, FL 34952-7018 US PORT ST. LUCIE, FL 34952-7018 US		00 10-24	IIO (1816 1188) 11818 MINS 1818 1818 1818 1		
Principal Place of Business - No P.O. Box # 3. Mailing Address					
2362 SE Patio Circle Suite, Apt. #, etc.	2362 SE Patio Circle Suite, Apt. #, etc.		REINSTA	TEMENT	
			10062008 REIN-P-4	CHARGO ABILITONI A I O	
City & State Port St. Lucie, FL	City & State Port St. Lucie, FL		4. FE! Number 35-2220145	Applied For Not Applicable	
Zip Country 34952 USA	^{Zip} 34952	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current			7. Name and Address of New		
DVORAK, WILLIAM 2250 S.E. FRIENDSHIP STREET PORT ST. LUCIE, FL 34952-7018		Name Dvoral	k, William		
			Street Address (P.O. Box Number is Not Acceptable)		
		2362 3	2362 SE Patio Circle		
		City Port S	City Port St. Lucie FL Zip Square 34952		
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 WIMMAN F. Words 10-21-08					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$750.00					
After January 1, 2009, Fee will be \$900.0	00				
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11	
NAME DVORAK, NATHANIEL	☐ Delete	NAME DYO	rak, Nathaniel	☐ Change ☐ Addition	
STREET ADDRESS 2250 S.E. FRIENDSHIP STREE CITY-SI-ZIP PORT ST. LUCIE, FL 34952701		street ADDRESS 236 Por	rak, Nathaniel 2 SE Patio Circle t St. Lucie, FL	34952	
TITLE	☐ Delete	TITLE P/D		☐ Change 🛣 Addition	
NAME STREET ADDRESS		NAME DVO	rak, William		
CITY-ST-ZIP		IZ 30	2 SÉ Patio Circle <u>t St. Lucie, FL 3</u> 4	1952	
TITLE NAME	☐ Delete	TITLE NAME	,	Change Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-S1-ZIP	Delete	CITY-ST-ZIP TITLE		Change Addition	
NAME	□ Delete	NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	400137	25 1 change Addition 25-011 **150.00	
NAME STREET ADDRESS		NAME STREET ADDRESS	10/24/08==010	25UII **150.UU	
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP 12 1 hereby certify that the information supplied with	h this filing does not qualify for	CITY-SI-ZIP	d in Chanter 119 Florida Statutos	I further certify that the information	
12. 1 hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Dvorak / 0-21-06 (772) 335-2224 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William Dvorak / 0-21-06 (772) 335-2224 Daytime Phone •					

DIANA GOLDMAN, P.A.

1858 SE PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FLORIDA 34952

DIANAGOLDMAN, ESQUIRE

\$

TELEPHONE (772) 335-0965

FACSIMILE (772) 398-1431

October 21, 2008

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

In re: DRAIN KLEEN INC.

Document #P03000121989

To Whom It May Concern:

Please be advised this office represents William Dvorak, the President and Registered Agent of the referenced corporation. Pursuant to the instructions of your office, enclosed is the 2008 Reinstatement Form together with the corporation's check number 2462 in the sum of \$150.00, which sum represents the regular filing fee for the Annual Report. Please waive the additional filing fee for reinstatement as Mr. Dvorak, due to a change of address as noted on the enclosed Reinstatement Form, never received notification of the 2008 Annual Report.

Thank you for your consideration in this matter. Please feel free to call this office should you have any questions.

Sincerely,

DIANA GOLDMAN, P.A.

Diana Goldman

DG/sam Enclosures

cc: William Dvorak