2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000008989

City-St-Zip:

MILTON, FL 32570 US

Entity Name: REED'S SEPTIC & PLUMBING SERVICES. INC

FILED Oct 27, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5211 SPRI MILTON, F	INGDALE DR FL 32570 U	S			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
5211 SPRI MILTON, F	INGDALE DR FL 32570 U	S			
FEI Number:	: 20-0578099	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
REED, SH 5211 SPRI MILTON, F	INGDALE DR	S			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: SHERRI	A. REED			
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (REED, SAMUE 5211 SPRINGE MILTON, FL 3:	DALE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (JONES, CURTI 6048 SEQUOIA PACE, FL 325	A DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	STD (REED, SHERR 5211 SPRINGI		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: SAMUEL B. REED PD 10/27/2008