

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 04000093619

1. Corporation Name

ALTON GRAY SEWER & DRAIN CLEANING, INC.

2. Principal Office Address

3830 UNIVERSITY BLVD.S.

Suite, Apt. #, etc.

#95

City & State

JACKSONVILLE, FL.

Zip

32216

Country

USA

3. Mailing Office Address

3830 UNIVERSITY BLVD.S.

Suite, Apt. #, etc.

#95

City & State

JACKSONVILLE, FL.

Zip

32216

Country

USA

REINSTATEMENT 05-06  
CR2E081(12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

6-18-2004

5. FEI Number

47-0928775

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALTON GRAY

Street Address (P.O. Box Number is Not Acceptable)

3830 UNIVERSITY BLVD.S. #95

Suite, Apt. #, Etc.

City

JACKSONVILLE,

State  
FL

Zip Code  
32216

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

*Alton Gray*

REGISTERED AGENT MUST SIGN

Date 4-13-06

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	ALTON GRAY	3830 UNIVERSITY BLVD.S.#95	JACKSONVILLE, FL. 32216
	<i>John</i>		000073751990 05/02/06--01058--023 **150.00

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

*Alton Gray*

ALTON GRAY

4-13-06 904-739-0295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #