

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

P04000097024

SONNY'S Debris Removal Inc

FILED

08 MAR -7 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1403 W 17th St
Lehigh Acres, FL
33936

1403 W 17th St
Lehigh Acres, FL
33936

500117626015
02/08/08--01035--009 **300.00

CR2E081 (12/07)

REINSTATEMENT

06/25/2004

86-1110952

7. Name and Address of Current Registered Agent

Name **Haas, Steven P**

Street Address (P.O. Box Number is Not Acceptable)
1403 W 17th St

Suite, Apt. #, Etc.

City **Lehigh Acres**

State
FL

Zip Code
33936

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6 Feb 08**

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
D	Haas, Steven P	1403 W 17th St	Lehigh Acres, FL 33936

500117626015
03/19/08--01035--006 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **6 Feb 08 339 707-0516**

Date

Daytime Phone #