P04000157493

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000157493

1. Corporation Name
SUN CITY SEPTIC TANK SERVICE, INC
AMENDED TO:
SUN CITY SEPTIC SERVICES, INC

600370857056
04/27/21--01030--011 **1058.75

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
254 CARPENTER AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OSTEEN	City & State
Zip: FL / Country: 32764	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11-15-2004

5. FEI Number: 14-1918558 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: SHARON R HYDER

Street Address (P.O. Box Number is Not Acceptable): 922 STRATTON ST

Suite, Apt. #, Etc.:

City: DELTONA | State: FL | Zip Code: 32725

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 61... F.S.

Signature of Registered Agent: Sharon R Hyder — Date: 4-22-21

REGISTERED AGENT MUST SIGN

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	DAVID J GOULD	254 CARPENTER AVE	OSTEEN FL 32764
VP	DAVID J GOULD	254 CARPENTER AVE	OSTEEN FL 32764
S/T	DAVID J GOULD	254 CARPENTER AVE	OSTEEN FL 32764
			JUL 2021

10. E-mail Address: SUBJEX SHARON@GMAIL.COM
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: David J. Gould — 4-22-2021 — 407-766-3040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID J GOULD