

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000111028

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** ABOVE ALL SEPTIC SERVICE, INC.

**Current Principal Place of Business:**

5036 DR. PHILLIPS BLVD., SUITE 128  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5036 DR. PHILLIPS BLVD., SUITE 128  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 75-3256137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ATKINS, TROY  
5036 DR. PHILLIPS BLVD., SUITE 128  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** TROY ATKINS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DPS  
**Name:** ATKINS, TROY  
**Address:** 5036 DR. PHILLIPS BLVD., SUITE 128  
**City-St-Zip:** ORLANDO, FL 32819

**Title:** VT  
**Name:** ALEXANDER, LARRY  
**Address:** 5036 DR. PHILLIPS BLVD., SUITE 128  
**City-St-Zip:** ORLANDO, FL 32819

I hereby 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 all other like empowered.

**SIGNATURE:** TROY ATKINS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/12/2011

\_\_\_\_\_  
Date