

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 FEB 18 PM 2:53

DOCUMENT # P08000045956

1. Corporation Name

Anita's Sewer & Septic Inc.

2. Principal Office Address - No P.O. Box #

2201 S. Kingsway Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Seffner, FL

City & State

Zip

33584

Country

Hillsborough

Zip

Country

400256853104

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CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

2008

5. FEI Number

35-2336223

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

Anita Karen Simpson

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

2201 S. Kingsway Rd

Suite, Apt. #, Etc.

City

Seffner, FL 33584

State

FL

Zip Code

33584

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

Anita Karen Simpson

REGISTERED AGENT MUST SIGN

Date

2-14-14

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
<u>Pres.</u>	<u>Anita Karen Simpson</u>	<u>2201 S Kingsway Rd</u>	<u>Seffner FL 33584</u>

10. E-mail Address: ASSINC@VERIZON.NET

(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:

Anita Karen Simpson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-14-14

Daytime Phone #