

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000073582

1. Corporation Name

KIRKEY SEPTIC CO., INC.

Principal Place of Business

5100 MANGO AVE
COCOA FL 32926

Mailing Address

5100 MANGO AVE
COCOA FL 32926

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/1993 SP

5. FEI Number

59-3217482

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KIRKEY, GARY S	5100 MANGO AVE	COCOA FL 32926

300003096143--1
-01/12/00--01064--020
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KIRKEY, GARY S
5100 MANGO AVE
COCOA FL 32926

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Gary S Kirkey
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-29-99

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., 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 under section 119.07(3)(i), F.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Gary S Kirkey
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-29-99

Daytime Phone #

536-5989

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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