PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 24 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073582

REINSTATEMENT 03-04 TR

1. Corporation Name
Kirkey Septic CO. INC.

2. Principal Office Address	3. Mailing Office Address
5100 MANGO	5100 MANGO Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CoCoa FL.	City & State: Cocoa FL.
Zip: 32926 Country:	Zip: 32926 Country:

4. Date Incorporated or Qualified To Do Business in Florida 1994

5. FEI Number 59-3217482 ☐ 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: Gary Kirkey
Street Address (P.O. Box Number is Not Acceptable): 5100 Mango Ave
Suite, Apt. #, Etc.:
City: CoCoa State: FL Zip Code: 32926

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: Gary Kirkey (REGISTERED AGENT MUST SIGN) Date: 5-20-04

CR2E081 (01/04)

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	Gary Kirkey	5100 Mango Ave	CoCoa FL. 32926
		700037524447 06/01/04--01073--014 **900.00	

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 under section 119.07(3)(i), 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: Gary Kirkey GARY Kirkey 5-20-04 321-5365989
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)