PLEASE READ	ALL INSTR <b>UĞTIO</b>	S B <b>EFOR</b> E C	COMPLETING PARYEDRM.	
APPLICATION FORON REINSTATEMENT	FLORIDA DEPARTMI Sandra B. Mo Secretary of	ENT OF STATE ortham State	AND FILED 1997 JAN 31 AM 8: 41	l
DOCUMENT # P940000	068807(4)	ORATIONS	SECRETARY OF STATE	
1. Corporation Name A. Miller Septic + Drain Service, Inc.			TALLAHASSEE. FLORIDA	4
Principal Place of Business 2030 N.W. 955 Freet Miamly Fl. 33147	Mailing Address 2030 N.W. 9 Miami, fl. 3			
If above addresses are incorrect in any way, line through incorrect information and enter cor  2. New Principal Office Address, If Applicable  3. New Mailing Address, If Applicable		icable	DO NOT WRITE IN THIS SP  4. Date Incorporated or Qualified To Do Business in Florida	ACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Street	5. FEI Number	Applied For
City & State Miami, fZ	City & State  Miam: #/3	3/47	65-0525550	Not Applicable
33/47 Country	33/47 Cour	ntry		5 Additional Fee required or a Certificate of Status
7. Names and Street Addresses of Each Officer and/ Name of Officers	s	treet Address of Each	1	
1 2 3 (Do NOT		Officer and/or Director Use Post Office Box N	lumbers) 4	ite / Zip
D,P Director, President Lauderhill, fl. Lauderhill, florida				
		•		
			700002077- -02/04/9701 ****923.75	171016 ****923.75
		DEIL	iotates en a do G	D 100
		REINSTATEMENT WAS A STATEMENT		
8. Name and Address of Current I	Registered Agent		9. Name and Address of New Registered A	igent
Miller, Arlender	Arlend	Arknder Miller		
6881 N. W. 45 Court	Suite, Apt. #, Etc.	P.O. Box Number is Not Acceptable)		
Lauderhill, f. / 33319			State	Zip Code
10 I, being appointed the registered agent of the abo	we named constation am familiar	with and accept the of	Chill FL	333/9
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 Date 128/97				
11. Does this corporation pay a Dept. of Revenue under S.	any intangible tax to t 199.032, Florida Sta	the tutes. Yes		e for information gible tax.)
12 I do hereby certify that the information supplied we lease the Division of Corporations from any liability certify that I am an officer or director or the receith this reinstatement application the reason for dissess owed by the corporation have been paid. To under oath.	ty of non-compliance with Section 1 ver or trustee empowered to exect solution has been eliminated, the co	119.07(3)(k) in the eve ate this application as orporate name satisfie	ent that the information supplied is deemed exer provided for in chapter 607 or 617, F.S. I furth es the requirements of section 607,0401 or 617 accurate, and my signature shall have the same	npt from public access. I er certify that when filing 7.0401, F.S., and that all e legal effect as if made
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DayLime Phone #				