PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 NOV -9 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # P95000011711

1. Corporation Name

NU-DRAIN, INC.

Principal Place of Business	Mailing Address
705 STANDISH DR. ST. AUGUSTINE FL 32086	705 STANDISH DR. ST. AUGUSTINE FL 32086

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 02/09/1995

5. FEI Number 59-3295462 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

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
PD	HOUCK, RANDALL J	705 STANDISH DR	ST. AUGUSTINE FL 32086
SD	HOUCK, DOROTHY	705 STANDISH DR	ST. AUGUSTINE FL 32086

300003482349--2
-12/01/00--01015--002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

ALLEN, BRINTON & SIMMONS P.A.
ONE INDEPENDENT DRIVE STE. 3200
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name: Stonebraker, Berry, Coleman & Simmons, P.A.
Street Address (P.O. Box Number is Not Acceptable): 225 Water Street
Suite, Apt. #, Etc.: Suite 2050
City: Jacksonville State: FL Zip Code: 32202

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: [signature] Stonebraker, Berry, Coleman & Simmons, P.A. — SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date 11/7/00

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] Dorothy J. Houck — SIGNATURE REQUIRED — 10/30/00 — (904) 794-0690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/00)