

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg. 1 of 2

REINSTATEMENT

DOCUMENT # 96000050680

1. Corporation Name

Anchor Septic Services, Inc.

Principal Place of Business

Mailing Address

668 Kinlaw Rd
St. AUG, Fla
32095

P.O. Box 860326
St AUG, Fla 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

6/30/95

5. FEI Number

59-3325352

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	MARLENE Childers	668 Kinlaw Rd	St AUG, Fla 32095
V-P	Gregory Childers	668 Kinlaw Rd	St AUG, Fla 32095

600002192716--9
-05/28/97--01018--009
****365.00 ****365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Marlene Childers
668 Kinlaw Rd
St. AUG Fla 32095

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

Marlene Childers

REGISTERED AGENT-MUST SIGN

Date

4/29/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

Marlene Childers / Marlene Childers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 904-823-1260
Date Daytime Phone #

CR20040 (12/96)

pg. 2062

May 17, 1997

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee FL 32314

Attention: Leslie Sellers

Re: Re-application -- mail address problem

Dear M. Sellers:

On the application for a for-profit corporation, where 668 Kinlaw Was used as an address, I, Marlene Childers, was instructed not to use a post office box address.

Due to this misinformation, Anchor Septic Services did not receive an annual report form for last year.

I have now filled out the application for reinstatement and have enclosed \$365, per your instructions in our telephone conversation of 5/19/97.

I trust this will reinstate the corporation, making it a Florida for-profit corporation in good standing, and resolve the problem. Thank you very much for your assistance in this matter.

Sincerely,

Marlene Childers

Marlene Childers,
President & Registered
Agent
Post Office Box 860326
St. Augustine FL 32086

MC:cc