

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR -9 PM 4:22

TALLAHASSEE, FLORIDA

DOCUMENT # P96 000071243

1. Corporation Name

Simple Sanitation Systems, Inc.

2. Principal Office Address

111 US Hwy #1 Rockland
Suite, Apt. #, etc. Key

3. Mailing Office Address

PO Box 2174
Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Key West, FL

Zip

33040

Country

USA

Zip

33045

Country

USA

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

8/27/1996

5. FEI Number

65-0697256

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

Orestes D. Estrada

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

X 111 US Highway 1

Suite, Apt. #, Etc.

City

X Rockland Key FL

State

FL

Zip Code

X 33040

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.

X
Signature of
Registered Agent

O. Estrada

Date

FEB. 10, 2006

REGISTERED AGENT MUST SIGN

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
D	Orestes D Estrada	X 111 US Highway 1	X Rockland Key FL 33040

200069050442

03/30/06--01038--014 **1058.75

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 contained in Chapter 119, 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.

X
SIGNATURE:

O. Estrada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FEB. 10, 2006

Daytime Phone #