

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 23 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000030405

1. Corporation Name

PELONI PUMPING & PORTABLE TOILETS, INC.

2. Principal Office Address

825 NE DREW RD

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

Zip

32055

Country

US

3. Mailing Office Address

SAME AS 2

Suite, Apt. #, etc.

City & State

Zip

Country

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

5. FEI Number

59-3444866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

ROBERT PELONI

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

825 NE DREW RD

Suite, Apt. #, Etc.

City

LAKE CITY

State

FL

Zip Code

32055

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

REGISTERED AGENT MUST SIGN

Date 2/2/04

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
TREA	ROBERT PELONI	825 NE DREW RD	LAKE CITY, FL 32055
PRES	CHARLES PELONI	825 NE DREW RD	LAKE CITY, FL 32055
VP	FREDRICK PELONI	825 NE DREW RD	LAKE CITY, FL 32055
S	CLIFTON PELONI	825 NE DREW RD	LAKE CITY, FL 32055

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2/7/2004

AS PER OUR CONVERSATION CONCERNING MY NOT HAVING RECEIVED
MY UBR REPORT FOR 2003 I AM ENCLOSING FORM DOWNLOAD AND THIS
LETTER WITH MY CHECK TO TAKE CARE OF MY CORPORATE FEE FOR
2003.

Thank you,

A handwritten signature in cursive script, appearing to read "Charles Peloni".

CHARLES PELONI