

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Septic Medic Inc.
P98000013578

2. Principal Office Address - No P.O. Box #

1831 N. 50th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1831 N 50th Ave

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33021

Country

Broward

Zip

33021

Country

Broward

7. Name and Address of Current Registered Agent

Name

Andrew Tolomeo

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

1831 N. 50th Ave

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

Andrew Tolomeo

REGISTERED AGENT MUST SIGN

Date 3/14/07

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
President	Andrew Tolomeo	1831 N. 50 Ave	Hollywood, FL 33021
Secretary	Andrew Tolomeo	1831 N 50 Ave	Hollywood, FL 33021
Treasurer	Andrew Tolomeo	1831 N 50 Ave	Hollywood, FL 33021

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07

Date

954-963-6789

Daytime Phone #

FILED

07 MAR 19 PM 3:11

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

100095146461
03/28/07--01009--021 **908.75

REINSTATEMENT 02-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

2/12/1998

5. FEI Number

65-0811498

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.