

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 22 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000042591

1. Corporation Name

A Gator Septic Service, Inc.

2. Principal Office Address

7990 MAINLINE PKWY
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft. Myers FL

Zip

33912

Country

USA

City & State

Zip

Country

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

MAY 6, 1999

5. FEI Number

65-0924396

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

BRYAN WILES

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

7215 Hendry Creek Drive

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33908

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

Bryan Wiles

REGISTERED AGENT MUST SIGN

Date

1-17-03

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
Pres	BRYAN WILES	7215 HENDRY CREEK DR.	FT. MYERS FL 33908
Sec	LISA WILES	7215 HENDRY CREEK DR.	FT. MYERS FL 33908

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:

Bryan Wiles

BRYAN WILES

1-17-03

239-267-4541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

98 1/20



A GATOR SEPTIC SERVICE, INC.

SERVING SOUTHWEST FLORIDA

SEPTIC SYSTEMS INSTALLED, REPAIRED AND CLEANED

DRAINFIELD REPAIRS • GREASE TRAPS

INSPECTIONS • DRAIN LINE CLEANING

Serving S.W. Florida For Over 30 Years

1/17/03

To whom it may concern,

Please be advised that we did not receive notice last year and would like our late fee's to be waived and re-instated.

Our address did change and I believe that is the reason. Our new address is as follows:

A Gator Septic Service, Inc.

7990 Mainline Pkwy.

Ft. Myers, FL 33912

I have been advised by your office to include a check for \$300.00 which we have done. Please let us know if you need anything else.

Sincerely,



Bryan Wiles

Pres.