

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine [unclear] Secretary of State DIVISION OF CORPORATIONS		FILED 90 JUN 17 PM 2:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 561870					
1. Corporation Name Anytime Septic, Inc.					
Principal Place of Business		Mailing Address			
		P.O. Box 585744 Orlando, FL 32858-5744			
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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6/91	
City & State		City & State		5. FEI Number	
Zip		Country		59-3082895	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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.	Blaine Haskin	15740 John's Lake Rd. Clermont, FL 34711	Clermont, FL 34711		
Sec.	Brenda Haskin	15740 John's Lake Rd.	Clermont, FL 34711		
			300002911403--7 -06/21/99--01161--009 ***1200.00--***1200.00 300002911403--7 -06/21/99--01161--010 *****8.75 *****8.75		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
William Fred Poole 644 W. Colonial Dr. Orlando, FL 32804		Name: Edward P. Jordan Street Address (P.O. Box Number is Not Acceptable): 13543 E. Hwy 50 Suite, Apt. #, Etc.: City: Clermont State: FL Zip Code: 34711			
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: [Signature] REGISTERED AGENT MUST SIGN		Date: 6-15-91			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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 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. The 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: Brenda Haskin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 6/15/99 (407) 740-6816 Daytime Phone #			

CR2E03 (12/98)