PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 AUG 16 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 204287

1. Corporation Name

CHARLOTTE LANDSCAPING AND SANITATION SERVICES INC.

Principal Place of Business	Mailing Address
~~3003 BUTTERFIELD RD~~ ~~OAK BROOK IL 60521 US~~	~~111 8th Avenue~~ ~~New York~~ ~~NY 10011~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
1001 FANNIN	1001 Fannin Ste 4000 Houston TX	7-17-57
Suite, Apt. #, etc. 4000	Suite, Apt. #, etc.	5. FEI Number 590862380 — Applied For — Not Applicable
City & State HOUSTON, TEXAS	City & State	6. CERTIFICATE OF STATUS DESIRED ☐
Zip: 77002 Country: USA	Zip: Country:	

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
PR	David Hopkins	1001 Fannin Ste 4000	Houston TX 77002
VP	Linda Smith		
Sec/Direc.	Bryan J. Blankfield		
Trea.	Ronald Jones		

3000038869893--4
-080230-01082-017
****900.00 ****900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State: FL — Zip Code: 33

CR2E040 (12/95)

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: Victor Alfano — VICTOR ALFANO ASSISTANT SECRETARY — Date: 8/15/00

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Linda J. Smith — 8-15-00 — 1212-539-12325

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - CT System Online