


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR 96 REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>APPROVED AND FILED</b> </div>  97 JAN 21 PM 1:40  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # 473073</b> 1. Corporation Name <p style="font-size: 1.2em; margin-top: 10px;">FAIRCLOTH SANITATION, INC.</p>				DO NOT WRITE IN THIS SPACE	
Principal Place of Business <p style="font-size: 1.2em; margin-top: 10px;">225 NE 6TH ST., SUITE 2 HOMESTEAD, FL 33030</p>		Mailing Address <p style="font-size: 1.2em; margin-top: 10px;">225 NE 6TH ST., SUITE 2 HOMESTEAD, FL 33030</p>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <p style="font-size: 1.2em;">225 NE 6TH ST SUITE 2 HOMESTEAD, FL 33030</p>		3. New Mailing Address, If Applicable <p style="font-size: 1.2em;">225 NE 6TH ST. SUITE 2 HOMESTEAD, FL 33030</p>		4. Date Incorporated or Qualified To Do Business in Florida <p style="font-size: 1.2em;">4-17-1975</p>	
Suite, Apt. #, etc. <p style="font-size: 1.2em;">SUITE 2</p>		Suite, Apt. #, etc. <p style="font-size: 1.2em;">SUITE 2</p>		5. FEI Number <p style="font-size: 1.2em;">59-1596816</p>	
City & State <p style="font-size: 1.2em;">HOMESTEAD, FL</p>		City & State <p style="font-size: 1.2em;">HOMESTEAD, FL</p>		Applied For Not Applicable	
Zip <p style="font-size: 1.2em;">33030</p>		Country 		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)
	P		REBA FAIRCLOTH		19265 SW 320 ST.
					HOMESTEAD, FL 33030
					900002067439--7
					01/24/97 01031 017
					****923.75 ****923.75
REINSTATEMENT 96-92					
8. Name and Address of Current Registered Agent <p style="font-size: 1.2em;">FAIRCLOTH, REBA 19265 SW 320 ST. HOMESTEAD, FL 33030</p>			9. Name and Address of New Registered Agent <p style="font-size: 1.2em;">Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code</p>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>           Signature of Registered Agent  <p style="font-size: 1.2em; margin-top: 10px;">Reba Ann Faircloth</p> </div> <div>           Date  <p style="font-size: 1.2em; margin-top: 10px;">1/15/97</p> </div> </div> <p style="text-align: center; font-size: 0.8em;">REGISTERED AGENT MUST SIGN</p>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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.					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>           SIGNATURE:  <p style="font-size: 1.2em; margin-top: 10px;">Reba Ann Faircloth</p> </div> <div>           Date  <p style="font-size: 1.2em; margin-top: 10px;">1/15/97</p> </div> <div>           Daytime Phone #  <p style="font-size: 1.2em; margin-top: 10px;">305-247-2262</p> </div> </div> <p style="text-align: center; font-size: 0.8em;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>					

CR2E040 (12/95)