

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 13 PM 1:29

DOCUMENT # 473073

1. Corporation Name

FAIRCLOTH SANITATION, INC.

Principal Place of Business

Mailing Address

225 N.E. 6TH STREET
SUITE 2
HOMESTEAD FL 33030

225 N.E. 6TH STREET
SUITE 2
HOMESTEAD FL 33030

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/1975

5. FEI Number

59-1596816

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
P	FAIRCLOTH, REBA	19265 SW 320 ST. 522 NW 9 ST. <i>OK</i>	HOMESTEAD FL 33030
			000003510440--5 -12/21/00--01056--006 ****200.00 ****200.00
			<i>[Signature]</i> 000003510440--5 -12/21/00--01056--007 *****50.00 *****50.00

8. Name and Address of Current Registered Agent

FAIRCLOTH, REBA
~~19265 SW 320 ST.~~ 522 NW 9 ST. *OK*
HOMESTEAD FL 33030

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

000003510440--5
-12/21/00--01056--008
*****500.00 *****500.00
FL

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

Reba Faircloth SIGNATURE REQUIRED

Date 10-31-00

REGISTERED AGENT MUST SIGN

11. 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:

Reba Faircloth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-00 305-247-2262

Date

Daytime Phone #