

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
**REINSTATEMENT**



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

**FILED**

02 APR -5 PM 5:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 473073

1. Corporation Name

FAIRCLOTH SANITATION, INC.

600005491736--8  
-05/08/02--01043--025  
\*\*\*\*\*300.00 \*\*\*\*\*300.00

2. Principal Office Address

303 N KROME AVE

Suite, Apt. #, etc.

SUITE 101

City & State

HOMESTEAD FL

Zip

33030

Country

US

3. Mailing Office Address

303 N KROME AVE

Suite, Apt. #, etc.

SUITE 101

City & State

HOMESTEAD FL

Zip

33030

Country

US

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

2001-2002 UBR

7. Name and Address of Current Registered Agent

Name

WILFRID M WHITNEY

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

303 N KROME AVE

Suite, Apt. #, Etc.

SUITE 105

City

HOMESTEAD

State

FL

Zip Code

33030

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

*[Signature]*

Date 2/21/02

REGISTERED AGENT MUST SIGN

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
P	FAIRCLOTH, REBA	303 N KROME AVE SUITE 101	HOMESTEAD FL 33030
D	THOMAS, DAVID J.	303 N KROME AVE SUITE 101	HOMESTEAD FL 33030

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:

*Reba Faircloth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02

Date

305 247-2262

Daytime Phone #

CR2001 (9/01)