

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000005189

1. Corporation Name

NATIONAL ENVIRONMENTAL WASTE SERVICES, INC.

Principal Place of Business

479 ROUTE 79 SUITE B3
MORGANVILLE NJ 07751

Mailing Address

PO BOX 370
MORGANVILLE NJ 07751

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. If a corporation, a corporation
To Do Business in Florida

10/04/2001

5. FEI Number

22-3587428

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	ALOIA, FRANK S	200 W. COCONUT PALM RD.	BOCA RATON FL 33432
V	COSTA, WESLEY	49 CLAY STREET	MILLTOWN NJ 08850
S	HEYDER, JOHN	315 WALNUT STREET	GARWOOD NJ 07027
P	ALOIA, FRANK S	16192 ANDALUCIA AVE	DELRAY BEACH FL 33446
T	CURRERI, WILLIAM J	11 HYDE PARK DR.	EAST BRUNSWICK NJ 08816
800023870018 10/17/03--01015--027 **750.00			

8. Name and Address of Current Registered Agent

ALOIA, FRANK S
75 S.E. 4TH AVENUE
DELRAY BEACH FL 33483

9. Name and Address of New Registered Agent

Name

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

6400 CONGRESS AVE.

Suite, Apt. #, Etc.

SUITE 1000

City

BOCA RATON

State

FL

Zip Code

33467

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/11/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/03

Daytime Phone #

732-591-0100

CR2040 (7/03)