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CT CORPORATION

January 23, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re:

Order #: 5767462 SO

Customer Reference 1: 62908 Customer Reference 2: 018

Dear Secretary of State, Florida:

Please file the attached:

OmniWaste, Inc. (DE) Qualification

Florida

OmniWaste, Inc. (DE) Certificate of Status/Authorization-Foreign Florida

I also need a Certifed Copy of this filing! Thanks!

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

-AHASSEE, HLORIDA

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

CT CORPORATION

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley_Mitchell@cch-lis.com

03 JAN 23 PH 2: 11

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Omni Waste	, Inc.								
	(Name of corpo	oration; must include the word "INCORP	ORATED",	"COM	PANY", "C	ORPOR	ATION'	or or		
	words or abbre	viations of like import in language as wil	I clearly indi	cate tha	at it is a cor	poration	instead	of a		
	natural person	or partnership if not so contained in the n	iame at prese	nt.)						
	-	•			נ נ	6-				
2.	Delaware		3	[ropice	rac				
	(State or country	y under the law of which it is incorporate	:d)		Application (FEI no	ımber, if	applicat	ole)	•	
4.	January 13, 20	003	5. perp	etual						
	(Da	te of incorporation)	(Dı	ration:	Year com	. will cea	ese to exi	st or "p	erpetua	l")
6.	Upon qualifica	ition								
	(Date first trans	acted business in Florida. If corporation	has not trans	sacted b	usiness in	Florida,	insert "u	pon qua	lificatio	n.")
		(SEE SECTIONS 60	0 7.1501, 607	.1502 a	ind 817.15:	5, F.S.)		ಶಜ	_	
									8	
7	1005 Skyvie	1005 Skyview Drive, Burlington Ontario, Canada A6 L7P 5B1							= \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		(Principal off	fice address)		,				\geq	
	1005 01 !	no Deiros Bratinatas Outrais Canada AC	1 7D 6D1					(2)	N	Ke mana
	1005 Skyvie	w Drive, Burlington Ontario, Canada A6						()	ယ	
		(Current mail	ing address)					î⊂	PH	177
								<u> </u>		3 * 1
0	To engage in a	ny lawful act or activity for which corpo-	rations may	he quali	ified under	the laws	of Flori	<u>ج</u> کے	$\dot{\wp}$	"TOWN
ο.		(s) of corporation authorized in home sta							2	
	r arpose	(s) or corporation authorized in nome sta	ne or country	, 10 00 0	Allieu out	in state c	or a corrue	5.		
a	Nama and st	reet address of Florida registered a	agante (D () Boy	or Mail D	ron Bos	NOT .	ananta	bla)	
7.	Name and st	reet auditess of Plotida registered a	igent. (i c). DOX	oi man io	rop box	HOL	ссеріа	U(C)	
	Name:	C T Corporation System								
	ivanic.	C C Corporation System		·	i i		· •			
\sim	CFina Address	1200 South Pine Island Road								
O I	ince Address.	1200 South File Island Roda,		_						
		Plantation		Elon	33374					
				_ , Fior		. 00 do)	_			
		(City)			(ZiŢ	(code)				
Of	ffice Address:	Plantation, (City)		- _ , Flor	ida <u>33324</u> (Zi _I	code)	_			

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

KRISTEN BETZGER

(Register dagent's signature)

(Register dagent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: __ Address: Vice Chairman: ___ Address: Director: David Sutherland-Yoest Address: 1005 Skyview Drive, Burlington Ontario, Canada A6 L7P 5B1 Director: ___ Address: B. OFFICERS President: David Sutherland-Yoest Address: 1005 Skyview Drive, Burlington Ontario, Canada A6 L7P 5B1 Vice President: Address: ___ Secretary: Thomas E. Durkin, III Address: 1005 Skyview Drive, Burlington Ontario, Canada A6 L7P 5B1 Treasurer: George Boothe Address: 1005 Skyview Drive, Burlington Ontario, Canada A6 L7P 5B1 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Thomas E Duckin III Sec.

(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OMNI WASTE, INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JANUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Darriet Smith Hindson Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2202821

DATE: 01-14-03

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