

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 10 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004188

1. Corporation Name

Lee County Recycling, Inc.

2. Principal Office Address

7941 Mercantile Street

3. Mailing Office Address

25 Greens Hill Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Rutland, VT

Zip

33917

Country

USA

Zip

05701

Country

USA

REINSTATEMENT 99-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-12-94

5. FEI Number

65-0510394

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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**

Salvina Amenta-Gray
REGISTERED AGENT MUST SIGN

SALVINA AMENTA-GRAY
SPEC. ASST. SECRETARY

Date

5/7/2001

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/S/D	John W. Casella	25 Greens Hill Lane	Rutland, VT 05701
V/D	Douglas R. Casella	25 Greens Hill Lane	Rutland, VT 05701
V/D	James W. Bohlig	25 Greens Hill Lane	Rutland, VT 05701
V	Sean Duffy	809 West Hill Street	Charlotte, NC 28208
T	Jerry S. Cifor	25 Greens Hill Lane	Rutland, VT 05701

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:

John W. Casella

John W. Casella, Secretary

5/3/01

802-775-0325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #