

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -2 AM 11:36

DOCUMENT # F95000004436

1. Corporation Name

WILLIAMS ENVIRONMENTAL SERVICES, INC. OF ALABAMA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300002020183--3
-12/04/96--01120--002
****375.00 ****375.00

Principal Place of Business

Mailing Address

~~3075 WEST PARK PLACE~~
STONE MOUNTAIN GA 30087

2075 WEST PARK PLACE
STONE MOUNTAIN GA 30087

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

2. New Principal Office Address, If Applicable

2075 West Park Place
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

c/o Ivor Long, Esq.
2076 West Park Place
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Stone Mountain, GA
30087

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1985

5. FEI Number

63-0876873

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	TAYLOR, Z L	2075 WEST PARK PLACE 2075	STONE MOUNTAIN GA
S	MOREINGOLD, JOHN F. Burgess, Brett A.	2075 WEST PARK PLACE 2075	STONE MOUNTAIN GA
CD	WILLIAMS, VIRGIL R	2075 WEST PARK PLACE	STONE MOUNTAIN GA
VD	WILLIAMS JR, J M	2075 WEST PARK PLACE	STONE MOUNTAIN GA
D	Taylor, Z. Lowell	2075 West Park Place	Stone Mountain, GA

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Bartora A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

11-14-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Z. Lowell Taylor

Date

Daytime Phone #

11/26/96

770 -
879 - 4041