<u>```</u> F	PLEASE READ A	ALL INSTRU	ICTIONS BEF	ORE C	OMPLETING TH	HIS FORM	1.
APPLICATI FOR REINSTATEN	ON [,]	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		991/37 18 PM 2: 54			
DOCUMENT # TO 7000011.72					TABLE CONTRACTOR		
Corporation Name	F410C		613				
United Waste Syste					1 XX		
Principal Place of Busin 1229 W. Washingto Marquette, MI 498	on St. 55		ng Address		REINSTAT		
2. New Principal Office 1001 Fannin Street	Address, if Applicable	3. New Mailing	h incorrect information and enter correction below. 3. New Mailling Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04-02-97		
Sulte, Apt. #, etc. Suite 4000	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		5. FEI Number Applied For			
City & State Houston, Texas		City & State			38-3324143 Not Applicable 6.		
77002	Country USA	Zip	Country		CERTIFICATE OF STATUS		
7. Names and Street A	ddresses of Each Office Name of Office and/or Direct		Florida nonprofit corpo Street	rations m Address	nust list at least 3 Directo of Each		
Title(s) and/or D		tors 3 (Do NOT Us		t Address of Each er and/or Director Post Office Box Numbers)		Houston, TX 77002	
PR Donald Chappe UP Robert Simpson Sic Graporu T. Sangal			1001 Fannin, Suite 4000 1001 Fannin, Suite 4000				
			1001 Fannin, Suite 4000			Houston, TX 77002	
		\mathcal{I}					
				3000028923032 -06/02/3301033021			
					\$4.5.	# 300:0 0	****300.00
8. Na	me and Address of Cur	ent Registered Ag			9. Name and Addre	ss of New Reg	stered Agent
C T Corporation System 1200 South Pine Island Road Street A							
Plantation, FL 33324				Street Address (P.O. Box Number is Not Acceptable)			
Suite, Ar							
				City		State FL	
10. I, being appointed signature of Registered Agent	the registered agent of the	MBzurne	tt , ASS		ecreta Dale	of Section 607.	0505, F.S. 1 - 9 5
	<u> </u>	REGISTERED AG					
	corporation pay Revenue under S			Yes	No 🗌	(See other side on intangi	
lease the Division of Co certify that I am an office this reinstatement appli	progrations from any liability er or director or the receiver loation the reason for dissolu-	of non-compliance wi or truste∉ empowers tion has been elimins	ith Section 119.07(3)(k) in id to execute this applicati ated, the corporate name:	the event to on as provious satisfies the	the exemption stated in Sect hat the information supplied ded for in chapter 807 or 617 requirements of section 807 te, and my signature shall he	is dearned exemy 7, F.S. I further ce 7.0401 or 617.04	pt from public access.t ortify that when filling io1, F.S., and that all
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