

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F97000DD02056**

1. Corporation Name

Organic Waste Technologies, Inc.

Principal Place of Business

Mailing Address

**7550 Lucerne Dr.
Suite 110
Middleburg Hts. OH 44130**

**c/o Risk Mgmt
1921 Ringwood Ave
San Jose, CA 95131**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

April 21, 1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

Applied For

51-0321674

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)

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
P	Mark H. Shipps	7550 Lucerne DR STE110	Middleburg Hts. OH 44130
S,T	Anthony Alexander	7550 Lucerne DR STE110	Middleburg Hts. OH 44130
Asst S/T	Mary Geiger	7550 Lucerne DR STE110	Middleburg Hts. OH 44130
D/C	John Pacey	400 S.El Camino Real	San Mateo, CA 94402
D	Raymond M. Momboisee	400 S. El Camino REal	San Mateo, CA 94402
D	Raymond Nardelli	725 Friendship DR	New Concord, OH 43762

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CT Corporation System
1200 South Pine
Island Road
Plantation, FL 33324**

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

500002706495--0

City

Tallahassee

-12/09/98-01003-031

*****750**

FL

32301750.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/4/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(f), 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:

May C. Dwyer Vice Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/98 (44)891-0320

Daytime Phone #

FILED

98 DEC -7 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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