, u	* مستند *	PLEASE READ	ALL INSTRUCT	TIONS BEFOR	RE COMPLE	TING THIS FORM.	
CORPORATION FLORIDA			FLORIDA DEPAF Kather Secreta	A DEPARTMENT OF STATE Katherine Harris Secretary of State JISION OF CORPORATIONS		SECRETARY OF STATE LYISTON OF CORPORATIONS	
DOCI	JMEN					OI DEC 17 AMII:	56
1. Carpon	ntion Name	F9800000 PTTAL ENVI Sing-& Haulers,	20W MENTAL	RESOUR <b>C</b> E	iInc.		
						<b>300004739603-</b> -12/26/0101088017	, s
2. Principal Office Address 3496 Court St. Rd. 3496 C				st.Rd.	Ì	****150.00 ****150.	.00
Sulte, Apt. #, etc. Sulte, Apt. #				SE. RO.			
						orporated or Qualified	
Cny & State Syracuse, New York			City & State Syracuse, New York		5. FEI Num	1200500	
Zip		Country	Zip	Country	6.		
13206	-1094	USA	13206-1094	USA	CERTIFICA	ATE OF STATUS DESIRED   11 1/3 Add a bound have a qu	
8. I, being Signature o Registered	City Talla	ahassee e registered agant of the abo	ove named corporation, en	·	t the obligations of se	State   Zip Code     FL   32301-2525	CPLZE001 (9/00)
9. Names	and Street A	ddresses of Each Officer at	d/or Director (Florida nonp	rofit corporations must i	ist at least 3 directors)	)	
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip	
P	Georg	re Boothe	100	1005 Skyview Dri		Burlington, Ontario	
S	Georg	e Boothe	same	as above		L7P 5B1 CANADA	
T	David	l Langille	same	as above		<u> </u>	
D '	Georg	ge Boothe	same	as above	·	<u> </u>	
						Make	
						<u> </u>	
this rei	nstatement a by the corpora application is	pplication, the reason for dis- stion have been paid and the time and accurate, and my:	solution has been eliminate names of individuals listed signature shall have the sa	id, the corporate name a lon this form do not qua me legal effect as if med ge Boothe (Se	istisfies the requireme Elfy for an exemption i ie under cath.	chapter 607 or 617, F.S. I further certify that when filing into of section 607.0401 or 617.0401, F.S., that all fees under section 119.07(3)(8, F.S. The Information indicate 1.07(0.07) 1.07(0.07) 1.07(0.07)	16
	ä	IGNATURE AND TYPED OR PI	UNITED NAME OF SIGNING O	FFICER OR DIRECTOR		Date Daytime Phone #	i <b>a</b>



## Capital Environmental Resource Inc.

The Solid Alternative

1005 Skyview Drive, Burlington, Ontario L7P 5B1

Phone (905) 319-1237 Fax (905) 319-9050

## **VIA COURIER**

December 12, 2001

Division of Corporations Florida Department of State 409 East Gaines Street Tallahassee, FL 32399 U.S.A.

Re: Waste Leasing & Haulers, Inc. FEI 16-1206586

Dear Sir or Madam:

Enclosed please find a completed Corporation Reinstatement Form together with our firm cheque for \$150 (USD).

We respectfully ask that the additional fee for reinstatement be waived because we have no record of having received a copy of the Uniform Business Report Form for the year 2001 nor do we have any record of having received any notices with respect to the Uniform Business Report for this year.

All of our filings in previous years have been timely and would have been this year if we had been prompted by receipt of the form.

With many thanks for your consideration of this request,

Yours truly,

CAPITAL ENVIRONMENTAL RESOURCE INC.

Joan Tripp

Corporate Legal Assistant

/jct

Enclosures

cc: E. Parker Brown, II

(via facsimile - 315-474-8220)

Chantel Burns, Hodgson Russ, LLP (via facsimile - 716-849-0349)