

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K93122**

1. Corporation Name

WESTE SYSTEMS, INC.

Principal Place of Business

8605 PINTO DRIVE
LAKE WORTH FL 33467

Mailing Address

8605 PINTO DRIVE
LAKE WORTH FL 33467

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1989

5. FEI Number

65-0122858

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT



200024196512
10/28/03--01018--008 **150.00

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JACKSON, RALPH A JR	8605 PINTO DR	LAKE WORTH FL 33467
ST	BLOCKER, MICHAEL	2032 N.E. 21ST COURT	WILTON MANORS FL

8. Name and Address of Current Registered Agent

JACKSON, RALPH A JR.
8605 PINTO DRIVE
LAKE WORTH FL 33467

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Ralph A Jackson Jr.
REGISTERED AGENT MUST SIGN

Date 10/23/03

11. 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:

Ralph A Jackson Jr. Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03
Date

561-368-8542
Daytime Phone #

CR2E040 (7/03)

WESTE SYSTEMS, INC
8605 PINTO DRIVE
LAKE WORTH, FL 33467

10/24/03

Florida Department Of State
Glenda E. Hood
Secretary Of State
Division Of Corporations

To Whom It May Concern:

Since we moved our business to Lake Worth, we have lost so much mail.
This is the first notice we have received.
Our corporation is still active and I am very sorry for the Problem.
Please accept our re-instatement application and check for \$150.00.

Respectfully,

A handwritten signature in black ink that reads "Ralph Jackson". The signature is fluid and cursive, with the first name "Ralph" and last name "Jackson" clearly distinguishable.

Ralph Jackson
President