

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K93122**

1. Corporation Name

WESTE SYSTEMS, INC.

Principal Place of Business Mailing Address

8605 PINTO DRIVE  
LAKE WORTH FL 33467

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	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**REINSTATEMENT**



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

4. Date Incorporated or Qualified  
To Do Business in Florida  
**06/06/1989**

5. FEI Number <b>65-0122858</b>	Applied For
	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) 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	9. Name and Address of New Registered Agent
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	
State <b>FL</b> 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**

CR2E040 (7/03)

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

10/23/03 561-368-8542

Date

Daytime Phone #

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

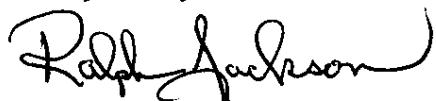
10/24/03

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,



Ralph Jackson  
President