

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED ¹⁹²

06 JUL 11 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 900000078635

1. Corporation Name

Wastecycle Solutions, Inc

2. Principal Office Address

843 SAGESTONE CR
Suite, Apt. #, etc.

3. Mailing Office Address

843 SAGESTONE CR
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32828

Country

USA

Zip

32828

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/4/2000

5. FEI Number

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert R. McElhenny

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

843 SAGESTONE CR

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32828

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/24/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Officer	Robert R. McElhenny	843 SAGESTONE CR	Orlando, FL 32828

10. I certify that I am an officer, 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 contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/24/06

Daytime Phone #

407-963-4985

282

Robert R. McElhaney

843 Jadestone Circle
Orlando, FL 32828

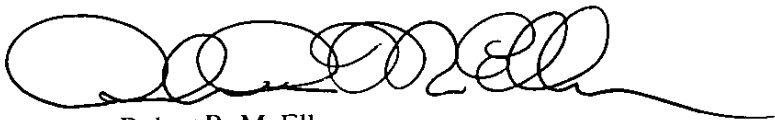
JUNE 26, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement
Wastecycle Solutions, Inc.
P00000078635

Enclosed is the completed form to reinstate the subject corporation.

Also enclosed is Money Order No. 55487612224 in the amount of \$900.00 to cover fees to reinstate the profit corporation from 2001. The \$600.00 reinstatement fee has not been included since the corporation did not receive the annual report notices in (2001) the year of dissolution revocation.



Robert R. McElhaney
President