

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 12 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038578

1. Corporation Name

WASTE BUSTERS, INC.

2. Principal Office Address

985 SE 22<sup>ND</sup> AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

985 SE 22<sup>ND</sup> AVENUE

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33062

Country

Zip

33062

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/13/2001

5. FEI Number  
65-1095674

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-04

**7. Name and Address of Current Registered Agent**

Name

SANDRA MOLLOZZI

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

985 SE 22ND AVENUE

Suite, Apt. #, Etc.

City

POMPANO BEACH

State  
FL

Zip Code  
33301

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

*Sandra Mollozzi*  
REGISTERED AGENT MUST SIGN

Date 11-8-04

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
P/D	SANDRA MOLLOZZI	985 SE 22ND AVENUE	POMPANO BEACH, FL 33062
S/T/D	JAMES MOLLOZZI	985 SE 22ND AVENUE	POMPANO BEACH, FL 33062

10. 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:

*Sandra Mollozzi* - Sandra Mollozzi

Date

11-8-04

Daytime Phone #

954-783-6846

CR2081 (01/04)