

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

07 SEP 13 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD1000099435

1. Corporation Name

NELSON WASTE SERVICE Inc

2. Principal Office Address - No P.O. Box

3420 Woodberry Court

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Zip

34746

Country

USA

Zip

Country

REINSTATEMENT 02-07

CRZE081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2001

5. FEI Number

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NELSON BAYONA

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

3420 Woodberry Court

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34746

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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☒

REGISTERED AGENT MUST SIGN

Date 9-6-07

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	NELSON BAYONA	3420 Woodberry Court	Kissimmee FL 34746
			400109410744 09/14/07-01024-013 **500.00
			400109410744 09/14/07-01024-014 **400.00
			400109410744 09/12/07-01063-018 **500.00
			400109410744 09/12/07-01063-019 **400.00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-6-07

Daytime Phone #