PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01000100707

1. Corporation Name

ENZOR'S HAULING CO.

Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 TWO STATE ST B-56 HAVANA FL 32333

SIGNATURE:

18 TWO STATE ST B-56 HAVANA FL 32333 FILED

02 NOV 18 PM 12: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0ct. 28, 2002 te Daytime Phone #

If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
187WO Stat St B-SG 18TU			ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 10/17/2001		10/17/2001	
Suite, Apt. #, etc Suite, Apt. #,			etc.			5. FEI Numbe	r		\dashv
City & State City & State		<u> </u>				•	Applied For	\dashv	
Hai	vana. H.	HerNa	na . t	-{·		6.		Not Applicable	;
2ip 32333 Country 2ip 32		Zip 323.	333 Ga		' /	CERTIFICATE OF STATUS DESIRED Control of the Certificate of Status		ed	
7. Names a	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit co	orpora	itions must list at lea	st 3 directors)			╕
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip		
Р	ENZOR, DOUGLAS DWner		18 TWO STATE ST 8-56				HAVANA FL 32333		
	•								-
						50 11/19/	0009056 02-01003018	415 ** ^{700,00}	
									
			N-13-9 In			11719/0	1009:056 201003019	***750.00	
Name and Address of Current Registered Agent				Name and Address of New Registered Agent				d Agent	
ENZOF	-	Street Address (R.O. Box Number is Not Acceptable)				CR2E040 (8/02)			
18 TW		18 I wo State			S Not Acceptable)		ĮŸ.		
HAVANA FL 32333 /~-			Suite, Apt. #, E		Suite, Apt. #, Etc.				- 85
					City		Ste F	L 32333	
10. I, being	appointed the registered agent of the abo	ve named corpor	ration, am famil	liar wit	h and accept the ob	ligations of Section	on 607.0505, F.S. or 617.05	505, F.S.	
	\sim \sim \sim	/1							
Signature of Registered A	Agent Mary Tollar	TUNK	REQ) U	IRED		note OCT.	28, 2002	
	, , ,	GISTERED AGE	NT MUST SIG	iN			Date		
owed by	hat I am an officer or director or the receivitatement application, the reason for disso the corporation have been paid and the no oplication is true and accurate and my sig	lution has been e ames of individu	eliminated, the d als listed on thi	corpor	ate name satisfies the	he requirements o	of section 607 0401 or 617	0401 FS that all fees	