

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 AUG 27 PM 1:24

DOCUMENT # P01000107922

1. Corporation Name

D. SWATTS Hauling ZMC.
55 Hinson Cir.
Havana, FL 32333

300040646373
08/30/04--01080--004 **908.75

REINSTATEMENT 02-04

05-20-02 90028 ONK \$150.00

2. Principal Office Address

55 Hinson Cir.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

5.

Suite, Apt. #, etc.

City & State

Havana, Fla.

City & State

Zip

32333

Country

Garden

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11-8-01

5. FEI Number

59-3743756

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

Derrick L. Swatts

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

55 Hinson Cir

Suite, Apt. #, Etc.

City

Havana, Fla.

State

FL

Zip Code

32333

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

Derrick L. Swatts

REGISTERED AGENT MUST SIGN

Date

8-27-04

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	MERCCELLO Holmes	117 GA/Fla Hwy	Havana, Fla 32333
T	Teresa Mcfee	126 Boyett Cir.	Alhambra GA 31717
D	Tomas Smily	1166 pine lake Dr.	Calvary GA 31728

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:

Derrick L. Swatts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-27-04

Daytime Phone #