

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 OCT 16 PM 12:00

DOCUMENT # P01000113477

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

GEORGE CONIGLIO LANDFILL, INC.

~~10/16/08 01030 003 \*\*450.00~~

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

11981 N. Williams Road

3. Mailing Office Address

11981 N. Williams Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Thonotosassa, FL

City & State

Thonotosassa, FL

Zip

33592

Country

USA

Zip

33592

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

11-30-2001

5. FEI Number

59-3759060

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

George N. Coniglio

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

11981 Williams RD.

Suite, Apt. #, Etc.

City

THONOTOSASSA

State

FL

Zip Code

33592

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

*George N. Coniglio*  
REGISTERED AGENT MUST SIGN

Date 10-10-08

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
PTSD	George Coniglio	11981 N. Williams Road	Thonotosassa, FL 33592

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:

*George N. Coniglio*, George Coniglio

10-10-08

Date

813-986-2098  
Daytime Phone #

REINSTATEMENT 06-08

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10/16/08--01030--003 \*\*450.00