

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT -3 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000053393

1. Corporation Name A+A Waste Services, Inc

2. Principal Office Address

8922 NW 181 St

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33018

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

May 2002

5. FEI Number

74-3044009

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

James Mcknight

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

8922 NW 181 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33018

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

Date 9/26/05

REGISTERED AGENT MUST SIGN

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
<u>P/S</u>	<u>James Mcknight</u>	<u>8922 NW 181 Street</u>	<u>Miami FL 33018</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/26/05

Daytime Phone #

305 362 1337

CH2E031 (01/05)

A&A WASTE SERVICES INC

8922 NW 181 Street
Miami Florida 33018

September 29, 2005

Florida Dept of State, Division of Corp
P.O.Box 6327
Tallahassee FL 32314

Attn: Sir/Madam

RE: P02000053393

We have moved to a new community and we did not receive our application to file our annual report. I only got it in the mail today, the community is new and we have a lot of problems with the mail. I am asking for you to wave the late fee. I did not know which form to use so I fill out the two forms you sent me.

I thank you for your help in this matter

Sincerely



James McKnight
President