

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000080999

1. Corporation Name

AMERICAN SANITATION INC

Principal Place of Business

3823 TAMiami TRAIL E
#414
NAPLES FL 33962

Mailing Address

3823 TAMiami TR E
#414
NAPLES FL 33962

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3823 Tamiami Trail E
Suite, Apt. #, etc.
#415

City & State
Naples, FL

Zip Country
34112 USA

3. New Mailing Office Address, If Applicable

3823 Tamiami Trail E
Suite, Apt. #, etc.
#415

City & State
Naples, FL

Zip Country
34112 USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2002

5. FEI Number

47 088 7433

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BURLEY, JOHN E	3823 TAMiami TRAIL E #415	NAPLES FL 33962 34112
V P	BURLEY, PATRICIA J	3823 TAMiami TRAIL E #415	NAPLES FL 33962 34112

8. Name and Address of Current Registered Agent

BURLEY, JOHN E
3823 TAMiami TRAIL E
#414 #415
NAPLES FL 33962
34112

9. Name and Address of New Registered Agent

Name Burley, John E
Street Address (P.O. Box Number is Not Acceptable)
3823 Tamiami Trail E
Suite, Apt. #, Etc.
#415
City Naples State FL Zip Code 34112

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

John E Burley
REGISTERED AGENT MUST SIGN

Date

10/19/03

11. 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

Daytime Phone #

10/19/03

REINSTATEMENT 2003



700024091457

10/24/03 - 01060 - 006 - **750.00

CR2E040 (7/03)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0107180 AV

DOCUMENT # P02000080999

1. Entity Name
AMERICAN SANITATION INC



Principal Place of Business
3823 TAMiami TRAIL E
#414
NAPLES FL 33962

Mailing Address
3823 TAMiami TR E
#414
NAPLES FL 33962



2. Principal Place of Business

3. Mailing Address

3823 Tamiami Trail E

3823 Tamiami Trail E

Suite, Apt. #, etc.
#415

Suite, Apt. #, etc.
#415

☐ CHECK HERE IF MAKING CHANGES

City & State
Naples FL

City & State
Naples, FL

4. FEI Number
47 088 7433

Applied For
Not Applicable

Zip Country
34112 USA

Zip Country
34112 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURLEY, JOHN E
3823 TAMiami TRAIL E
#414
NAPLES FL 33962

Name
Burley, John E
Street Address (P.O. Box Number is Not Acceptable)
3823 Tamiami Trail E
#415
City Naples FL Zip Code 34112

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Burley*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/19/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURLEY, JOHN E 3823 TAMiami TRAIL E NAPLES FL 33962	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURLEY, PATRICIA J 3823 TAMiami TRAIL E NAPLES FL 33962	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Burley John E 3823 Tamiami Trail E #415 Naples, FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Burley, Patricia J 3823 Tamiami Trail E #415 Naples, FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Burley* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/19/03 321
228-1944

CR2E034 (4/03)