

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

08 MAR 11 AM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 7030000034481

1. Corporation Name

A-FRIENDLY Jon Portable Sanitation, Inc

700119931477
03/11/08--01008--018 **1358.75

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

2122 NW 7th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33127

Country

DADE

3. Mailing Office Address

P.O. Box 440665

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33144

Country

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

3-26-03

5. FEI Number

270057393

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

MARIO J. VERDETA

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

2122 NW 7th Ave

Suite, Apt. #, Etc.

MIAMI

City

Miami

State

FL

Zip Code

33127

☒ 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

Mario J. Verdetta

REGISTERED AGENT MUST SIGN

Date

3-4-08

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
Pres	Mario J. VERDETA JR.	2122 NW 7 th Ave	Miami, FL 33127
Sec-Treas	Mario J. VERDETA	2122 NW 7 th Ave	Miami, FL 33127

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:

Mario J. Verdetta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-4-08 905-986-3897

Daytime Phone #