

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 28 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000041962

1. Corporation Name

TRI COUNTY Hauling and Recycling, Inc

2. Principal Office Address

4413 North Clarke

Suite, Apt. #, etc.

3. Mailing Office Address

4413 North Clarke

Suite, Apt. #, etc.

City & State

Tampa, FLORIDA

Zip

33614

Country

USA

City & State

Tampa, FLORIDA

Zip

33614

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 10, 2003

5. FEI Number

56-2363122

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

Alan Mike Valdes

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

7502 Beasley Road

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33615

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

[Signature]

Date

4/25/06

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
D	Alan Mike Valdes	7502 Beasley Road	Tampa, FLORIDA 33615

700074347597

05/10/06--01004--007 **1050.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/06

Daytime Phone #

813-9174645