

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **FO300041962**

1. Corporation Name

Tri County Hauling and Recycling, Inc. 

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

7502 Beasley Road

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33615

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

4/10/03

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

☒ 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

REGISTERED AGENT MUST SIGN

Date 10/15/2008

**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
P	Alan Mike Valdes	7502 Beasley Road	Tampa, Florida 33615
T	"	"	"
S	"	"	"
VP	"	"	"
	<b>REINSTATEMENT</b>	<b>RH</b>	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/08  
Date

813 917-4645  
Daytime Phone #

FILED

08 OCT 20 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500137066485  
10/20/08--01024--002 \*\*300.00

CR2E081 (10/08)

**Alan Mike Valdes  
7502 Beasley Road  
Tampa, Florida 33615**

October 15, 2008

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

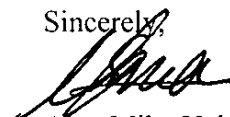
Re: Tri County Hauling and Recycling, Inc.  
Document No. P0 3000041962  
Alan Mike Valdes

Dear Sir/Madam:

Please find attached a Corporation Reinstatement form and my check, No. 4907, in the amount of \$300.00. I wish to advise you that I did not receive my renewal notice for 2007 and would appreciate your consideration for waiving the \$600.00 fee.

Thank you for your assistance in this matter.

Sincerely,



Alan Mike Valdes

AMV:m

Enclosures