
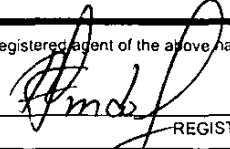
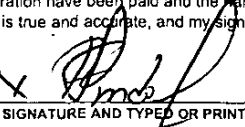


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 SEP 24 AM 10:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # 903000076189			
1. Corporation Name R & R Hazmat Solutions, Inc.			
2. Principal Office Address - No P.O. Box # 9858 SW 222 Terr Suite, Apt. #, etc.		3. Mailing Office Address 9858 SW 222 Terr Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33190	Country U.S.	Zip 33190	Country U.S.
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida 7/11/2003	
Name Roberto Fundora		5. FEI Number 03-0523087 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Street Address (P.O. Box Number is Not Acceptable) 9858 SW 222 Terr		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Suite, Apt. #, Etc.		<input type="checkbox"/> 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.	
City Miami	State FL	Zip Code 33190	
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 X 		Date 9/17/07	
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
PRES	Roberto Fundora	9858 SW 222 Terr	miami, FL 33190
000109823610 09/24/07--01045--003 **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: X 		Date 9/17/07	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			