

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000091355

1. Entity Name
COMPACTOR DOCTOR, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAR 21 AM 7:38

REINSTATEMENT 06-07



03162007 REIN-P CR2E098 (1/07)

4. FEI Number
20-0168789

Applied For
Not Applicable

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

HUNT, JOHN
361 EAST SHERIDAN STREET APT. 403
DANIA BEACH, FL 33004

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

John C. Hunt

(NOTE: Registered Agent signature required when reinstating)

DATE

3-16-07

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUNT, JOHN C
361 E SHERIDAN STREET SUITE 403
DANIA BEACH, FL 33004

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500095214185
04/05/07--01053--002 **900.00

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Hunt

3/16/07

Date

Daytime Phone #

954-445-3514