

B 1 82

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 SEP -2 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 80300-124505

**1. Corporation Name**

A-1 HAULING OF CENTRAL FLORIDA INC

1231 WOODRIDGE CT

**2. Principal Office Address**

1231 WOODRIDGE CT

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

SEMINOLE

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

600040968596  
09/10/04--01063--002 \*\*150.00

**4. Date Incorporated or Qualified  
To Do Business in Florida** 10/27/03

**5. FEI Number**  
20-0334963

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

WILLIAM R ZAPATA

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

1231 WOODRIDGE CT

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

**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

*William Zapata*

REGISTERED AGENT MUST SIGN

Date 8/30/04

**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	WILLIAM ZAPATA	1231 WOODRIDGE CT	ALTAMONTE SPRINGS 32714

**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 under section 119.07(3)(i), 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:**

*William Zapata*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/04

Date

(407) 293-4319

Daytime Phone #

CR2E081 (01/04)

PS 2402

August 30, 2004

To Whom It May Concern:

**I DID NOT FILE MY ANNUAL REPORT DUE TO THE FACT THAT I NEVER RECEIVED NOTIFICATION VIA MAIL; THUS, THE ADDRESS AND REGISTER AGENT WERE WRONG, I'M CHANGING THE ADDRESS. PLEASE, I ASK FOR A WAIVE OF THE PENALTY FOR THIS YEAR.**

THANK YOU.

  
\_\_\_\_\_  
WILLIAM ZAPATA (PRESIDENT)