

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 SEP 21 11:17

DOCUMENT # **PO 40000 42410**

**1. Corporation Name**

**S + J Hauling Inc.**

**2. Principal Office Address**

**206 W. Woodlawn Ave**  
Suite, Apt. #, etc.  
**AVE**

**3. Mailing Office Address**

**P.O. Box 7006**  
Suite, Apt. #, etc.

**City & State**

**TAMPA, FL**

**City & State**

**TAMPA, FL**

**Zip**

**33603 USA**

**Zip**

**33673 USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**3-1-04**

**5. FEI Number**

**42-1626530**

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

**Name**

**SONJA McAllister**

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

**206 W. WOODLAWN AVE**

**Suite, Apt. #, Etc.**

**City**

**TAMPA**

**State  
FL**

**Zip Code**

**33603**

**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]**

**REGISTERED AGENT MUST SIGN**

**Date 9/20/06**

**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	JOHN A. McAllister Sr.	206 W. WOODLAWN	TAMPA, FL 33603
VP	SONJA McAllister	"	TAMPA, FL 33603
S	SONJA McAllister	206 W. WOODLAWN AVE	TAMPA, FL 33603

**REINSTATEMENT 05-06**

**100080692121  
10/10/06--01067--010 \*\*300.00**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**9/20/06**

**Date**

**813-927-5702**


**Daytime Phone #**

**[Signature]**

To Division of Corporations:

S&J Hauling Inc. or it's representatives did not receive the annual report  
notices in the year of  
dissolution/revocation. Please waive fee.

date: 09/21/06  
document # P04000042410

  
SONYA WMS ALLISTER