2009 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P07000111147					SECRETARY OF STATE DIVISION OF COURSES					
1. Entity Name					DIVIS	SION OF CO	. B.C. 1757 (1985)			
EVERGREEN RECYCLING SERVICES, INC:					00	FEB II F	DM 2: 53			
			1		09	red ii i	H L. J.			
Principal Plac	e of Business	Mailing Address	····							
	4402- 4404 ALLAN STREET 4402- 4404 ALLAN STREET									
KISSIMMEE, I	SIMMEE, FL 34746 US KISSIMMEE, FL 34746 US									
2. Principal Place of Business - No P.O. Box # 3. Mailing Address # 412 # 1/AN 57								<u>.</u>		
Suite, Apt. #, etc. Suite, Apt. *, etc					04000000	OCW D	OB05000	(4107)		
					01232009	REIN-P	CR2E098	· · ·		
City & Stat	SIMMEE, FL	KISSIMMEE	, EL		4. FEI Number	55875	-		Applicable	
Zip	Country	Zip	Country				\$2	75 Add		
3474	6 USA	34746	USA			of Status Desired	Fee	Required		
Nigar						Address of New	Registered Agen	<u> </u>		
DELVALLE, W BRUCE ESQ.						ASTRO				
DELVALLE LAW GROUP Street Address (I							ole)			
1100 NORTH MAIN STREET, SUITE B KISSIMMEE, FL 34744										
	,		City L				FL	Zip Code	- I	
9 The above	named entity submits this statement for	the number of changing its		renistered		in the State of E		iar with a	744-	
	ions of registered agent.	the purpose of changing its i	egistered office of	rogistorec	1 ago 11, Or 501	i, iii ii o olale oi i	lonou. rumiumi	,		
1-23-09										
SIGNATURE Signature, typod or printing rame of respected agent a refute if applicable (NOTE: Registered Agent signature required when reinstating) DATE.										
In accordance with s. 607.193(2)(b), F.S., the										
FI	LE NOW!!! FEE IS \$300.00				ļ		d not receive the			
40	OFFICERS AND (DIRECTORS	11.		ADDITIONS (C	NANGES TO OF	FICERS AND DIR	FCTORS		
10.	D, P	Delete Delete	TITLE	VP	ADDITIONS/C	MANGES TO OF	_,~~	Change	Addition	
NAME	SLATTERY, SHAWN M	and delete	NAME	Jose	SE A C	CASTRO	_	·	_	
STREET ADDRESS	55 EQUESTRIAN DRIVE		STREET ADDRESS	1128	Lind	SAYW	AY			
CITY-ST-ZIP	NORTH ANDOVER, MA 01845		CITY-ST-ZIP	KIS:	SHHEE	, FZ	24-144	Change	Addition	
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1117.5		☐ Delete	TITLE NAME			<i>1</i>	- Ca -	Change	☐ Addition	
NAME STREET ADDRESS			STREET ADDRESS	i		1171	01			
CITY-ST-ZIP			CITY-ST-ZIP	7		11 1				
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NAME Cross Appress			, NAME STREET ADDRESS		7		1150	\mathcal{G}		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	٠ , , ; الا الا سسماع ال	IKIEV	ا لا النظام ال		صد ہے۔		
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-SI-ZIP	Partify that the information europlied with	this films does not smaller for	the exemptions of	Ontained in	Chapter 119	Florida Statutes	I further certify th	nat the inf	ormation	
12. Hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. Florida Statutes 1 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, with all other life empowered.										
SIGNATURE: 1-23-09 978-683-1166									-1166	
SIGNATURE: SIGNATURE AND TYPED OR PENTED NAME OF SIGNING OFFICER OR DIRECTOR Date Despute Proce F										