

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000111147	
1. Entity Name EVERGREEN RECYCLING SERVICES, INC.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 11 PM 2:53

Principal Place of Business 4402- 4404 ALLAN STREET KISSIMMEE, FL 34746 US	Mailing Address 4402- 4404 ALLAN STREET KISSIMMEE, FL 34746 US
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2. Principal Place of Business - No P.O. Box # 4412 ALLAN ST Suite, Apt. #, etc.	3. Mailing Address 4412 ALLAN ST Suite, Apt. #, etc.
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City & State KISSIMMEE, FL	City & State KISSIMMEE, FL
Zip 34746	Country USA
Zip 34746	Country USA



01232009 REIN-P CR2E098 (1/07)

4. FEI Number 26-1155875	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DELVALLE, W BRUCE ESQ. DELVALLE LAW GROUP 1100 NORTH MAIN STREET, SUITE B KISSIMMEE, FL 34744	
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7. Name and Address of New Registered Agent Name JOSUE A CASTRO Street Address (P.O. Box Number is Not Acceptable) 1128 LINDSAY WAY City KISSIMMEE FL Zip Code 34744	
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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 	DATE 1-23-09

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P SLATTERY, SHAWN M 55 EQUESTRIAN DRIVE NORTH ANDOVER, MA 01845 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JOSUE A CASTRO 1128 LINDSAY WAY KISSIMMEE, FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700143409657 02/11/09--01039--002 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2/12/09 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT OF CG <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.	
SIGNATURE: 	1-23-09 978-683-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #