

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Pandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 17 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08047

1. Corporation Name

KARLE ENVIRO-ORGANIC RECYCLING, INC.

Principal Place of Business

R.R. #6, BOX 741
CRAWFORDSVILLE IN 47933

Mailing Address

R.R. #6, BOX 741
CRAWFORDSVILLE IN 47933

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1985

5. FEI Number

35-1496230

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
TS	BRIDWELL, KRISH	1604 FENLEY DR	LEBANON IN
VP	KARLE, NEIL P	Rt 6, Box 740	Crawfordsville, IN 47933

600002692836-0
-11/20/98-01066-012
****550.00 ****550.00

8. Name and Address of Current Registered Agent

KARLE, BERNARD W
10107-TARPON DR. 10018 S. YACHT CLUB DR
TREASURE ISLAND FL 33706

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-13-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NEIL P KARLE 11-13-98 765-362-9600
Date Daytime Phone #



R.R. 6 BOX 741 • CRAWFORDSVILLE, IN 47933

PHONE: 765-362-9600

GRAIN HOPPER, DUMP, FLAT, TANK TRAILERS • BIO-SOLIDS LIQUID & CAKE FIELD APPLICATION

November 13, 1998

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sirs,

We originally submitted a completed form and check for \$550 on September 10, 1998. After talking to the Division, the form was not completed properly and returned to Karle Enviro. As of yet we still have not received this form back to us in the mail.

Please excuse any penalties due to the fact that Karle Enviro did not know that there were problems with the original filed forms. We are again submitting the completed forms and check #5824 for \$550 to complete our application.

Respectfully Submitted,

A handwritten signature in dark ink, appearing to read "Neil P. Karle".

Neil P. Karle
Vice President