

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY 18 11:11:59 TALLAHASSEE, FLORIDA																													
DOCUMENT # P39912 1. Corporation Name Universal Waste & Transit, Inc.				<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 1.5em; margin-top: 10px;">98-99</div>																													
Principal Place of Business _____ Mailing Address _____ <small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 33%;">2. New Principal Office Address, If Applicable 1001 Fannin Suite, Apt. #, etc. Suite 4000 City & State Houston, Texas Zip 77002</td> <td colspan="2" style="width: 33%;">3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country</td> <td colspan="2" style="width: 34%;">4. Date Incorporated or Qualified To Do Business in Florida 08/04/1992 5. FEI Number 38-2056600 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Applied For</td> <td style="width: 50%;">Not Applicable</td> </tr> </table> </td> </tr> </table>						2. New Principal Office Address, If Applicable 1001 Fannin Suite, Apt. #, etc. Suite 4000 City & State Houston, Texas Zip 77002		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 08/04/1992 5. FEI Number 38-2056600 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Applied For</td> <td style="width: 50%;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable														
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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">1</th> <th style="width: 30%;">2</th> <th style="width: 30%;">3</th> <th style="width: 30%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City/State/Zip</th> </tr> </thead> <tbody> <tr> <td>PR</td> <td>Miller Mathews</td> <td>11001 Fannin St 4000</td> <td>Hou, Tx 77002</td> </tr> <tr> <td>VP</td> <td>Robert Simpson</td> <td></td> <td></td> </tr> <tr> <td>Secy</td> <td>DR Gregory T. Sangallis</td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						1	2	3	4	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	PR	Miller Mathews	11001 Fannin St 4000	Hou, Tx 77002	VP	Robert Simpson			Secy	DR Gregory T. Sangallis										
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8. Name and Address of Current Registered Agent C T Corporation System 1200 South Pine Island Road Plantation, FL 33324				9. Name and Address of New Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2">Suite, Apt. #, Etc.</td> </tr> <tr> <td>City</td> <td>State FL Zip Code</td> </tr> </table>		Name		Street Address (P.O. Box Number is Not Acceptable)		Suite, Apt. #, Etc.		City	State FL Zip Code																				
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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 <u>Connie Bryan</u> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date <u>5/18/99</u> REGISTERED AGENT MUST SIGN																																	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)																																	
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>Robert G. L...</u> D.P. 5-12-99 1212-539-12325 SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	