PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

P93000017612

1. Corporation Name

BIO-WASTE INDUSTRIES OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

5528 FORCE FOUR PARKWAY SUITE 102 ORLANDO FL 32839

POST OFFICE BOX 540417 ORLANDO FL 32854

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

5534 Force Foul Yarkw	IAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

Date Incorporated or Qualified To Do Business in Florida

FILED

01 OCT 15 AM 8:50

SECAL CARY OF STATE TALLAHASSEE, FLORIDA

03/04/1993

59-3117271

5. FEI Number

Applied For Not Applicable

Country

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	City / State / Zip
P	DOREMUS, JOSEPH	5528 FORCE FOUR PKWY.	ORLANDO FL 32839
		50	100046585050 -10/30/0101013013
			****750.00 ****750.00
			L S

DOREMUS, JOSEPH 5528 FORCE FOUR PARKWAY

ORLANDO FL 32839

Name

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

Suite, Apt. #, Etc.

City

State 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

8. Name and Address of Current Registered Agent

REGISTERED AGENT MUST SIGN

9. Name and Address of New Registered Agent

11. 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 filling 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:



(8/01