PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03

FILED
03 JAN 27 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000022958

1. Corporation Name
JAN's WASTE Oil Service, Inc.

01/23/03--01039--001 **300.00

2. Principal Office Address	3. Mailing Office Address
7105 S. Florida Ave.	SAME
Suite, Apt. #, etc. #B	Suite, Apt. #, etc.
City & State Floral City	City & State Florida
Zip / Country	Zip 34436 / Country

4. Date Incorporated or Qualified To Do Business in Florida 3-25-93

5. FEI Number 59-2633126 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Hammers, Janice, Y.

Street Address (P.O. Box Number is Not Acceptable): 8232 Tower Terrace

Suite, Apt. #, Etc.:

City: Floral City | State: FL | Zip Code: 34436

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Janice Y Hammers — REGISTERED AGENT MUST SIGN — Date 1-21-03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Janice Y Hammers	7105 S. Florida ave	Floral City, Fl 34436

10. 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: Janice Y Hammers — 1-21-03

300.00 # 6.75 — 409 FL ST — JS 1/28

1-21-03

To whom it may concern,

Please excuse my penilties done to we had moved our office & did not recieve the forms. We were also having problems with getting our mail to the proper mail box.

Thank You
Very Much

Jim Evans

7105 S. Florida Ave.
Floral City, FL. 34436