PLEASE READ A	LL_INSTRUCTIO	ONS BEFO	RE CC	MPLETING TH	IIS FORM	Л.
	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
1. Corporation Name DQ3VYVD7NQQ			99 MAY 12 PM 1: 56			
1. Corporation Name 19300011088  Peerless Landfill Company			TALLANAL BLATTEORIDA			
Principal Place of Business Mailing Address						
314 N. Post Oak Lane Houston, TX 77024						
1. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable 1001 Fannin, Suite 4000				DO NOT WRITE IN THIS SPACE  4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.	<del></del>			April 5. FEI Number	12, 199	
City & State City & State				59-3179	491	X Applied For  Not Applicable
Houston, Texas  Zip Country 77002 Harris	Zip Country			6. CERTIFICATE OF STATUS DESIRED X St. Fo Assistant Lee regulated for a Carbificate of Status.		
7. Names and Street Addresses of Each Officer	er and/or Director (Florida nonprofit corporations mu				s)	
Title(s)  Name of Officers and/or Directors  Name of Officers Street Address Officer and/or 3 (Do NOT Use Post Offi			er and/or D	Director	4	City/State/Zip
PR Miller Maynew, JR. 1001 Fannin Suite 4000 Houston IX-						ston 1x7700
SP Bryan Blankfield				<b>\-</b> 05	12874 /13/99 **908.75	01115-2003
TR Ronald Jones						
VP Bobert S	moson	<del>- ( n</del> e	:INS	TATEMEN	98-	ag x
UI- JETTON	JYaper	-7		O Name and Addr	on of Now S	
8. Name and Address of Current Registered Agent Name				9. Name and Addre	SES OF IVEW IC	egistered Agent
C Corporation System Street Ad			Street Add	dress (P.O. Box Number is Not Acceptable)		
1200 South Pine Teland Poad			Suite, Ap	ddress (P.O. Box Number is Not Acceptable)  Apt. #, Etc.		
City			City	State Zip Code		
10. I, being appointed the registered agent of the	above named corporation	on, am familiar v	with and a	ccept the obligations of		
Signature of Registered Agent Densifes M83 unet jeander M2300007 ASSISSECY Date 5-11-99  REGISTERED AGENT MUST SIGN						
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)						
12. I do hereby certify that the information supplied with the lease the Division of Corporations from any liability of certify that I am an officer or director or the receiver of this reinstatement application the reason for dissolution least owed by the corporation have been paid the information oath.	non-compliance with Section r trustee empowered to exec in has been eliminated, the co ormation indicated on this app	1119 07(3)(k) in the cute this application orporate name satis olication is true and	event that to as provided afies the requ	he information supplied is de for in chapter 607 or 617, F uirements of section 607.040	emed exempt fr S. I further certi 01 or 617,0401	om public access I fy that when filing F.S., and that all
SIGNATURE: SIGNATURE AND TYPED OR PRINTED IN	AME SIGNING OFFICER OR	DIRECTOR	<u> </u>	Dete Dete	, D	aytime Phone #
(FLA 2113 - 3/7/96) cressen	<del></del>	- <del></del>		<del></del>		<del></del>