

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 MAY -6 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-02

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P93000050320

1. Corporation Name
**STANDARD DISPOSAL SERVICES
OF FLORIDA, Inc.**

2. Principal Office Address
1099 MILLER DRIVE
Suite, Apt. #, etc.

3. Mailing Office Address
1099 MILLER DRIVE
Suite, Apt. #, etc.

City & State
ALTAMONTE SPRINGS, FL.

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ALTAMONTE SPRINGS, FL.

Zip Country
32701 USA

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32701 USA

4. Date Incorporated or Qualified
To Do Business in Florida **7/12/1993**

5. FEI Number
582065447

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
FRANK WARD, JR.

Street Address (P.O. Box Number is Not Acceptable)
1099 MILLER DRIVE

Suite, Apt. #, Etc.

City
ALTAMONTE SPRINGS

State
FL

Zip Code
32701

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

REGISTERED AGENT MUST SIGN

Date **5/1/2002**

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/D	FRANK WARD, SR.	1099 MILLER DRIVE	ALTAMONTE SPRINGS, FL.
V/D	FRANK WARD, JR	1099 MILLER DRIVE	ALTAMONTE SPRINGS, FL.
S/D	GEORGE WARD	1099 MILLER DRIVE	ALTAMONTE SPRINGS, FL. 32701

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:

FRANK WARD, JR.

Date

5/1/02

Daytime Phone #

(407) 831-1539

CR2E081 (9/01)

5/15/02