

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN -9 AM 11:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *P9300005958Y*

1. Corporation Name
Robert Pickett Hauling, Inc.

2. Principal Office Address
1630 NW 51 Street

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State

Zip
33142

Country
US

Zip

Country

REINSTATEMENT *00*

4. Date Incorporated or Qualified To Do Business in Florida
8-25-93

5. FEI Number
65-0433230

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
Robert Pickett

500003554515-6

Street Address (P.O. Box Number is Not Acceptable)
1630 NW 51 Street

-01/18/01--01103--002

Suite, Apt. #, Etc.

*****750.00 ****750.00*

City
Miami

State
FL

Zip Code
33142

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
Robert Pickett

Date
1-8-2001

REGISTERED AGENT MUST SIGN

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
<i>PSTD</i>	<i>Robert Pickett</i>	<i>1630 NW 51 Street</i>	<i>Miami FL 33142</i>

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: *Robert Pickett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2001
Date

KE
305-693-6553
Daytime Phone #