

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000087744

1. Entity Name
WASTE ENTERPRISES, INC.



FILED

06 DEC 19 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2400 E LASOLAS BLVD ~~387~~ 416
FORT LAUDERDALE, FL 33301 US

Mailing Address
2400 E LASOLAS BLVD ~~387~~ 416
FORT LAUDERDALE, FL 33301 US

JP



REINSTATEMENT 2006
10142008 REIN P CR2E098 (1/05)

Wap

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0463948

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWINN, GEORGE
500 AUSTRALIAN AVENUE SOUTH
SUITE 600
W. PALM BEACH, FL 33401

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joseph A Miano

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MIANO, JOSEPH A ☐ Delete
STREET ADDRESS 2400 E LAS OLAS BLVD
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE
NAME 4000826231034
STREET ADDRESS 12/19/06--01011--011 ☐ Change ☐ Addition
CITY-ST-ZIP **\$150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph A Miano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/06

Date

9348044183

Daytime Phone #