

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 14 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034723

1. Corporation Name

RESOURCE RECOVERY SYSTEMS OF SARASOTA, INC.

Principal Place of Business

4700 MIDDLE ROAD
SARASOTA FL 34234

Mailing Address

~~609 W. HILL STREET~~
CHARLOTTE NC 28208
US



REINSTATEMENT

2000

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/1994

5. FEI Number

06-1406506

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GARRETT, PAUL A	809 W. HILL STREET	CHARLOTTE NC 28208
CFOS	NOONAN, BRIAN J	809 W. HILL STREET	CHARLOTTE NC 28208
P/S/D	JOHN W. CASELLA	25 Greens Hill Lane	RUTLAND, VT 05701
VP/D	DOUGLAS R. CASELLA	25 Greens Hill Lane	RUTLAND, VT 05701
VP/D	JAMES W. BOHLIG	25 Greens Hill Lane	RUTLAND, VT 05701
T	JERRY S. CIFOR	25 Greens Hill Lane	RUTLAND, VT 05701

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

9000003487759--8

12/05/00-01072-013

****750.00 ****750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

BRIAN COURTNEY, ASST. V.P.
REGISTERED AGENT MUST SIGN

Date 11/14/00

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/14/00 802-775-0325