PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 OCT -3 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 10-02

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****150.00 ****150.00

DOCUMENT # P94000065267

1. Corporation Name
CITY ENVIRONMENTAL SERVICES, INC. OF MIAMI

2. Principal Office Address		**3.** Mailing Office Address	
3400 East Lafayette		3400 East Lafayette	
Suite, Apt #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Detroit,	Michigan	City & State Detroit,	Michigan
Zip 48207	Country U.S.A.	Zip 48207	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 09/06/94

5. FEI Number 65-0524544 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.: N/A

City: Plantation | State: FL | Zip Code: 33324

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, FS.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Jennifer L. Gollbach Asst. Secretary Date 10/2/02

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	Peter C. Saputo	3400 East Lafayette	Detroit Michigan 48207
T	Michael L. Piesko	3400 East Lafayette	Detroit Michigan 48207
S	Bryant M. Frank	3400 East Lafayette	Detroit Michigan 48207

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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 61 T, 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: _____ 10/01/02 (313) 567-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bryant M. Frank, Corporate Secretary

FL010 - 09/18/01 C T System Online