

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P94000066180

1. Corporation Name

Southeast Waste Systems, Inc.

Principal Place of Business

Mailing Address

**11400 Fortune Circle
Wellington, FL 33414
US**

**11400 Fortune Circle
Wellington, FL 33414
US**

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

2. New Principal Office Address, If Applicable

10641 Cordova Road

3. New Mailing Office Address, If Applicable

10641 Cordova Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Easton, MD

City & State

Easton, MD

Zip

21601

Country

US

Zip

21601

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/94

5. FEI Number

65-0518441

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P T D	Hood, Richard L.	30241 Matthewstown Road	Easton, MD 21601
VP S D	Hood, Suzanne L.	30241 Matthewstown Road	Easton, MD 21601

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8. Name and Address of Current Registered Agent

**Hood, Richard L.
11400 Fortune Circle
Wellington, FL 33414**

9. Name and Address of New Registered Agent

Name **Carla L. Brown, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
301 Clematis Street, Ste. 203
Suite, Apt. #, Etc.
City **West Palm Beach** State **FL** Zip Code **33401**

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

Carla L. Brown

REGISTERED AGENT MUST SIGN

Date

6-29-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Richard L. Hood, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard L. Hood

Date

6-30-99 410-820-7188

Daytime Phone #