1			ISTRUCTIONS BEFORE OF STATE  RIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS				FILED
DOCUMENT # P9600013807  1. Corporation Name  C & W ENVIRONMENTAL SERVICES, INC.						98 FEB 13 AM 8: 31  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
317 ENTERPRISE STREET P O			Mailing Address P O BOX 24628 LAKELAND FL 33802				
If above addresses are incorrect in any way, line through incorrect  2. New Principal Office Address, If Applicable  3. New Ma 31.7 E  Suite, Apt. #, etc.  Suite, Apt.			iling Office Address, If Applicable nterprise St.			Date Incorp	orated or Qualified ness in Florida 02/14/1996  Applied For
City & State  Zip Country  7. Names and Street Addresses of Each Officer and/o		City & State Ocoee, FL Zip 34761  Country		USA	59-3363074 Not Applicable  6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status		
Title(s)	Name of Officers and/or Directors  2  JOHNSON, DENNIS P	Street Address of Each Officer and/or Director  (Do NOT Use Post Office Box Numbers)  100 E MAIN ST			1	City / State / Zip 4 LAKELAND FL 33801	
Pres.				4018 Golfisde Drive			Orlando, FL 32808
Secty VP				4018 Golfside Drive  1750 Crown Point Woods Cir.			Orlando, FL 32808  Ocoee, FL 34761
VP	Kris M. Creeden	1120 Hawthorne Cove Dr.				0coee, FL 34761 100024345260 -02/18/98-01083-022	
8. Name and Address of Current Registered Agent  CREEDEN, CHARLES W  317 ENTERPRISE ST.  OCOEE FL 34761					9. Name and Address of New Registered Agent  Name Kevin A. Creeden  Street Address (P.O. Box Number is Not Acceptable) 317 Enterprise St.  Suite, Apt. #, Etc.		
10. I, being appointed the registered agent of the arrove parged corporation, an				amiliar wil	City Ocoee State Zip Code FL 34761  Ith and accept the obligations of Section 607.0505, F.S.		
	Agent		e curre	nt yea	ar Yes 🔲	No 🌠	Date February 11, 1998  (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 filling 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:

AME OF SIGNING OFFICER OR DIRECTOR

Kevin A. Creeden February 11, 1998 407-877-2600 Daytime Phone ext. 220