

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 29 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000049871**

1. Corporation Name

KEVIN JERNIGAN C & D LANDFILL, INC.

000005754430--6

-06/11/02--01102--011

REINSTATEMENT 01-02

2. Principal Office Address

4962 Joiner Circle

Suite, Apt. #, etc.

3. Mailing Office Address

4962 Joiner Circle

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Milton, FL

Zip

32583

Country

Santa Rosa

Zip

32583

Country

Santa Rosa

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/97

5. FEI Number

59-3450407

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

Kevin Jernigan

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

4962 Joiner Circle

Suite, Apt. #, Etc.

City

Milton

State
FL

Zip Code
32583

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, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/30/02

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
D	Kevin Jernigan	4962 Joiner Circle	Milton, FL 32583
D	Kimberly Jernigan	4962 Joiner Circle	Milton, FL 32583

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 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:

Kevin Jernigan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (850) 983-2501

Date

Daytime Phone #

CR2E081 (9/00)