

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT 20 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000061670 (0)

1. Corporation Name

A + B Roll-Off Service INC

W-24522

400003455954--8

-11/07/00--01113--022

****908.75 ****908.75

2. Principal Office Address

2095 West 76 Street

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah Florida

City & State

Zip

33016

Country

DADE

Zip

Country

REINSTATEMENT

9910

4. Date Incorporated or Qualified
To Do Business in Florida

7/14/97

5. FEI Number

65-0435877

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

WAYNE T. BITTLES

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

2095 W 76th Street

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33016

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

Wayne T Bittles

REGISTERED AGENT MUST SIGN

Date

10/17/00

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
PRES	WAYNE T. BITTLES	2095 W. 76 Street	Hialeah FL 33016

LS

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:

Wayne T Bittles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-28-2000

Daytime Phone #

305-362-

1337

CR2E081 (9/99)