

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 APR 12 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000061670

1. Corporation Name

A & B ROLL-OFF SERVICES, INC.

Principal Place of Business

2095 WEST 76TH STREET
HIALEAH FL 33016

Mailing Address

2095 WEST 76TH STREET
HIALEAH FL 33016

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

2. New Principal Office Address, If Applicable

2100 W 76 Street

Suite, Apt. #, etc.

509

City & State
Hialeah FL

Zip 33066 Country DANE

3. New Mailing Office Address, If Applicable

2100 W 76 St # 509

Suite, Apt. #, etc.

Hialeah FL

City & State
Hialeah FL

Zip 33066 Country DANE

4. Date Incorporated or Qualified
To Do Business in Florida

07/14/1997

5. FEI-Number

65-0435811

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 3	City / State / Zip 4
P	BITTLES, WAYNE T	2095 W 76TH STREET 2100 W 76 St #	HIALEAH FL 33016 33016
V/S	JAMES P. MCKNIGHT	2100 W 76 St	Hialeah, FL 33016
			400005326234--7 -04/23/02--01045--002 ***1050.00 ****900.00 4/4/02

8. Name and Address of Current Registered Agent

BITTLES, WAYNE T
2095 WEST 76TH STREET
HIALEAH FL 33016

9. Name and Address of New Registered Agent

Name
WAYNE BITTLES
Street Address (P.O. Box Number is Not Acceptable)
2100 W 76 Street
Suite, Apt. #, Etc.
509
City Hialeah
State FL Zip Code 33066

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

Wayne T Bittles
REGISTERED AGENT MUST SIGN

Date

04/04/02
10/31/01

11. 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:

JAMES MCKNIGHT

JAMES MCKNIGHT 4/4/02 305-525-3604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)