

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # **P97000096756**

1. Corporation Name

**Valet Waste, Inc.**

2. Principal Office Address

**1307 North 18th Street**

Suite, Apt. #, etc.

City & State

**Tampa, Florida**

Zip

**33605**

Country

**USA**

3. Mailing Office Address

**PO Box 5738**

Suite, Apt. #, etc.

City & State

**Tampa, Florida**

Zip

**33675**

Country

**USA**

**REINSTATEMENT 00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**Sept 15, 1997**

5. FEI Number

**59-3475765**

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

**Michael Ferris**

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

**1301 South Howard Ave**

Suite, Apt. #, Etc.

**C-8**

City

**Tampa**

State

**FL**

Zip Code

**33606**

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

**Michael Ferris - President**

REGISTERED AGENT MUST SIGN

Date

**11-17-00**

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
D	Michael Ferris	1301 South Howard Ave #C-8 Tampa, Florida 33606	Tampa/FL/33606
D	David Magrisso	920 coral street Tampa, FL 33602	Tampa/FL/33602
D	Brent Smith	3225 Baseball Pond Road	Brooksville/FL/34602

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:

**Michael Ferris**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11-17-00**

Daytime Phone #

**813-248-1327 x1925**

CR2E081 (9/99)