

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 98-000027190

1. Corporation Name

Bayside Disposal Corporation

Principal Place of Business

Mailing Address

1325 S. Congress Avenue
Suite 201
Boynton Beach, FL 33424

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

2. New Principal Office Address, If Applicable

3041 N.E. 47th Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3041 N.E. 47th Street
Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL
Zip 33308 Country USA

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Ft. Lauderdale, FL
Zip 33308 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/23/98

5. FEI Number

65-0826935

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Anthony Cillo	3041 N.E. 47th Street	Ft. Lauderdale, FL 33308
			500003034645--1
			11/04/99 01031-003
			***750.00 ***750.00
			REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

Kathie Kozlowski
1325 S. Congress Avenue
Suite 201
Boynton Beach, FL 33424

9. Name and Address of New Registered Agent

Name
Arthur B. Rosenberg
Street Address (P.O. Box Number is Not Acceptable)
4875 No. Federal Highway
Suite, Apt. #, Etc.
Seventh Floor
City
Ft. Lauderdale
State
FL
Zip Code
33308

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

Arthur B. Rosenberg

REGISTERED AGENT MUST SIGN

Date 10/19/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/99 (954) 722-6049
Date Daytime Phone #

CR2E01 (12/98)