

1022
**2004 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P98000080041

1. Entity Name
BLANCO'S WASTE SERVICES, INC.



FILED

04 NOV -5 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA STATE AGENT
10282004 REINSTATEMENT
FEE PAID 6/04

Principal Place of Business		Mailing Address	
325 CIRCLE DRIVE HIALEAH, FL 33012		325 CIRCLE DRIVE HIALEAH, FL 33012	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLANCO, ROBERTO 325 CIRCLE DRIVE HIALEAH, FL 33012		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANCO, ROBERTO 325 CIRCLE DRIVE HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address similar to other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

305/698-7884



BLANCO'S
WASTE SERVICE INC.

2882

Department of State
Division of Corporations

To Whom It May Concern.

By this means I like to inform you than on or about April, 2004, the Annual Report with a check in the amount of \$ 150.00 US Dollars was mailed to:

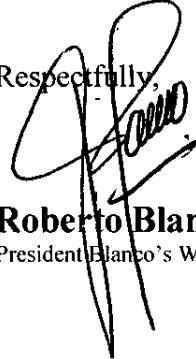
Department of State
Division of Corporations
Corporate filing
P.O. Box 6337
Tallahassee, Fl. 32300

I have just received a Notice of Dissolution, in looking through our records I have not found the above mentioned check to have been cashed, therefore I assume that somehow The report was lost.

We respectfully request that in view of the events previously mentioned you waive all late fees and in good faith accept the attached check as payment and kindly reinstate Blanco's Waste Services, Inc. as an active entity.

Thanking you in advance,

Respectfully,


Roberto Blanco
President Blanco's Waste Services Inc.