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
02 MAR 13 PM 12:12

DOCUMENT # P98000100781

1. Corporation Name

Sheffield Environmental Services, Inc.

000005168900--8
-03/26/02--01039--001
****908.75 ****908.75

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
1815 Crystal Lake Dr.	1815 Crystal Lake Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL 33801	City & State: Lakeland, FL 33801
Zip: 33801 Country: US	Zip: 33801 Country: US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3546902 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X

7. Name and Address of Current Registered Agent

Name: Charles E. Hoequist

Street Address (P.O. Box Number is Not Acceptable): 3101 Maguire Blvd.,

Suite, Apt. #, Etc.: Suite 101

City: Orlando, State: FL Zip Code: 32803

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: [signature] Date: 11/20/01

REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
P	Ernest C. Gates, Jr.	1815 Crystal Lake.Dr.	Lakeland, Fl 33801
S	Sandra S. Perkins	3101 Maguire Blvd. #101	Orlando, Fl 32803
T	Charles E. Hoequist	3101 Maguire Blvd. #101	Orlando, Fl 32803

3/13/02

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: [signature] 11-20-01 407-896-5440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #