

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 21 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000045434

1. Corporation Name

U.S. WASTE LOGISTICS, INC.

Principal Place of Business

Mailing Address

938 HALL PARK RD.
GREEN COVE SPRINGS FL 32043-0988

938 HALL PARK RD.
GREEN COVE SPRINGS FL 32043-0988

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3577724

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	City / State / Zip
1	2	3	4
P	GILBERT, MICHAEL V	900 LAKE SANFORD CT	SAINT AUGUSTINE FL 32092

100008512781
10/22/02--01050--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANNINGS, G. STEPHEN
9471 BAYMEADOWS RD., SUITE 104
JACKSONVILLE FL 32256

Name

Michael V. Gilbert

Street Address (P.O. Box Number is Not Acceptable)
938 Hall Park Rd.

Suite, Apt. #, Etc.

City

Green Cove Springs

State
FL

Zip Code
32043

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/21/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02 904-284-5675

7/18/24/02

CR2E040 (9/02)