


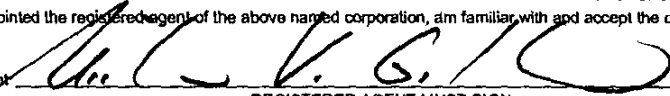
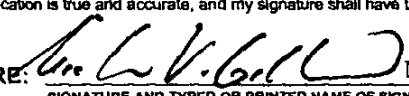
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000045434					
1. Corporation Name U.S. WASTE LOGISTICS, INC.					
2. Principal Office Address 938 Hall Park Road Suite, Apt. #, etc.			3. Mailing Office Address 938 Hall Park Road Suite, Apt. #, etc.		
City & State Green Cove Springs FL			City & State Green Cove Springs FL		
Zip 32043	Country USA	Zip 32043	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 5/17/1999	
				5. FEI Number 59-3577724	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

FILED
03 JUN 16 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent			
Name Michael V. Gilbert			
Street Address (P.O. Box Number is Not Acceptable) 938 Hall Park Road			
Suite, Apt. #, Etc.			
City Green Cove Springs,	State FL	Zip Code 32043	

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08/11/03--01071--025 **151.75

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 		Date 6/4/03	
REGISTERED AGENT MUST SIGN			
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	Michael V. Gilbert	900 Lake Sanford Ct.	St. Augustine, FL 32092
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 V. Gilbert 6/4/03 904-284-5675	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

03 UBR 78

CR2E081 (10/02)



June 4, 2003

Mr. Tyrone Scott
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Scott,

Enclosed you will find the application for reinstatement and a check in the amount of \$158.75 for the cost of the annual report fee of \$61.25, corporate supplemental fee of \$88.75 and \$8.75 for a certificate of status. We did not receive the uniform business report notice this year. If you require additional information please contact me at 904-284-5675.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael V. Gilbert", written over a horizontal line.

Michael V. Gilbert
President