

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 SEP -4 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000063371

1. Corporation Name

SUN STATE SANITATION, Inc

2. Principal Office Address

3401 NW 34th ST, ST3 Gainesville, FL 32605

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

FL

Zip

Country

Zip

Country

32605

US

4. Date Incorporated or Qualified
To Do Business in Florida

8/99

5. FEI Number

59-3587570

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

C. Everett HARPE, III

100004579311-3

Street Address (P.O. Box Number is Not Acceptable)

4311 NW 21st TERR

09/11/01 01001 012
****900.00 ****900.00

Suite, Apt. #, Etc.

City

Gainesville

State
FL

Zip Code

32605

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] REGISTERED AGENT MUST SIGN

Date 8/17/01

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
Pres.	<u>C. EVERETT HARPE, III</u>	<u>4311 NW 21st TERR</u>	<u>Gainesville, FL 32605</u>
Vice Pres	<u>Claude Harpe, Jr.</u>	<u>7505 NW 131st ST</u>	<u>Gainesville, FL 32603</u>
Office Manager	<u>Dana Harpe</u>	<u>4311 NW 21st TERR</u>	<u>Gainesville, FL 32605</u>

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/17/01

Daytime Phone #

352-331-3386

CR2E081 (9/00)