

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

00 OCT 20 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000067216

1. Corporation Name

DUMP SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

7348 CROOKED LAKE CIRCLE
ORLANDO FL 32818

7348 CROOKED LAKE CIRCLE
ORLANDO FL 32818



REINSTATEMENT

2000

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 07/23/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3609916	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	WILLIAMS, DARRELL	7348 CROOKED LAKE CIRCLE	ORLANDO FL 32818
VTS	BRIDLEY, JANET	7348 CROOKED LAKE CIRCLE	ORLANDO FL 32818

700003456077--4
-11/07/00-01119-021
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, DARRELL
7348 CROOKED LAKE CIRCLE
ORLANDO FL 32818

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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.

Signature of Registered Agent

Janet Bradley
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-25-2000**

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:

Darrell Williams
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Darrell Williams - pres.

Date

10/13/08
Date

Daytime Phone #

(407) 295-5414

LS

CR2ED40 (8/00)