

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 -6 PM 12:54

DOCUMENT # P99000068546

1. Corporation Name

DIAMOND DISPOSAL, INC.

2. Principal Office Address

3002 AVALON BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 879

Suite, Apt. #, etc.

City & State

MILTON, FL

City & State

MILTON, FL

Zip

32583

Country

USA

Zip

32572

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7-27-99

5. FEI Number

593595335

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID FENTON

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

3002 AVALON BLVD

Suite, Apt. #, Etc.

City

MILTON

State

FL

Zip Code

32583

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 2-18-02

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
D	DAVID FENTON	3002 AVALON BLVD	MILTON, FL 32583

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:

DAVID FENTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-18-02 (850) 983-3060

Daytime Phone #