

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 DEC 14 AM 10:34

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000073401

1. Corporation Name

Sunset Land Holding Company, Inc

2. Principal Office Address

1140 North 18th Street same

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LANETT

City & State

AL

Zip

36863

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

69-3596925

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

Seth Wright

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

503 North 70th Ave.

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32506

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

REGISTERED AGENT MUST SIGN

Date

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	Malcolm C. Davenport	1140 N. 18th Street	LANETT AL 36863

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12/14/06 01000 002 \*\*773.00

REINSTATEMENT

04/06

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/06 706 773 4445  
Date Daytime Phone #

2082

12/13/06

I did not receive my 2004  
Annual Report Notice for  
Sunset Landfilling Company Inc.

Respectfully

Malcolm C. Davenport

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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