

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 28 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S05177

1. Corporation Name

Mac-Pac Waste & Recycling Services,
Incorporation.

100005754681--3

-06/11/02--01115--015

****467.50 ****467.50

2. Principal Office Address

3051-A N.W. 129 st

Suite, Apt. #, etc.

3. Mailing Office Address

3051-A N.W. 129 st

Suite, Apt. #, etc.

City & State

OPA-LOCKA, Florida

City & State

FLORIDA

Zip

33054

Country

U.S.A.

Zip

33054

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-18-90

5. FEI Number

65-0215739

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 WESTON McWilliams

3/7.50-Adm

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

880 S.W. 174 Terrace

6/1.25-AR

Suite, Apt. #, Etc.

88.75-AR&SUP

City

Pembroke Pines

State

FL

Zip Code

33029

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

David McWilliams

REGISTERED AGENT MUST SIGN

Date 4-16-02

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	DAVID WESTON McWilliams	880 S.W. 174 terrace	Pembroke Pines, FL 33029
VP	MARK LEONARD McWilliams	8829 S.W. 49 st.	Cooper City, FL 33328

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:

Mark McWilliams

Mark McWilliams

Date

4/16/02

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)