PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

**CORPORATION** 99-00 UBR

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

FILED
00 AUG 15 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 689460

**1.** Corporation Name

TRIANGLE SCRAP METAL, INC

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 3101 N.W. North River DRIVE | SAME |
| Suite, Apt. #, etc. — | Suite, Apt. #, etc. " |
| City & State MIAMI, FL | City & State SAME |
| Zip 33142 Country DADE | Zip " Country |

**4.** Date Incorporated or Qualified To Do Business in Florida NOV, 1980

**5.** FEI Number 59-2036246 ☐ 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: DENNIS C. BARON

600003368736--3
-08/23/00--01058--004
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 10300 SW 130 St

Suite, Apt. #, Etc.:

City: MIAMI, FL State: FL Zip Code: 33176

**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: Dennis C Baron, as Pres Date: 8/16/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

**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 DIR | DENNIS C. BARON | 10300 SW 130 St | MIAMI, FL 33176 |
| VP | CHRISTINE L. BARON | 10300 SW 130 St | MIAMI, FL 33176 |
| | | | |
| | | | |
| | | | |
| | | | TS |

**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:** Dennis C Baron, as Pres DENNIS C. BARON 8/16/00 (305) 633-1929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P15962052

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

ATTENTION: TYRONE

TRIANGLE SCRAP METAL, INC.
3101 N.W. NORTH RIVER DRIVE
MIAMI, FL. 33142

RE: CORPORATE REINSTATEMENT

DEAR SIR:

I REGRET OUR FAILURE TO FILE FOR CORPORATE REINSTATEMENT FOR THE YEAR 1999. OUR ACCOUNTANT OF 20 YEARS HAD PASSED AWAY ABOUT THAT TIME AND THE FILING WAS OVERLOOKED. WE RECEIVED NO NOTICE.

THIS IS THE FIRST TIME IN 20 YEARS THAT WE MISSED FILING ON TIME. WE REQUEST YOUR UNDERSTANDING AND THAT THE PENALTY BE WAIVED.

ENCLOSED IS A CHECK FOR $300.00 AND DOCUMENT #689460. IF I CAN BE OF ANY FURTHER ASSISTANCE PLEASE CONTACT ME AT 305-633-1929.

SINCERELY YOURS,

Dennis C. Baron, as Pres

DENNIS C. BARON AS PRESIDENT