

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K11067

1. Corporation Name

VOLUME REDUCTION SYSTEMS, INC.

Principal Place of Business

3520 OAKS WAY #909  
POMPANO BEACH FL 33069  
US

Mailing Address

3520 OAKS WAY #909  
POMPANO BEACH FL 33069  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 2002

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/07/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0027871

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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
PD	FRIEDMAN, BENJAMIN	3520 OAKS WAY #909	POMPANO BEACH FL 33069
SD	FRIEDMAN, BENJAMIN	3520 OAKS WAY #909	POMPANO BEACH FL 33069

000009047060  
11/18/02--01047--008 \*\*750.00

8. Name and Address of Current Registered Agent

FRIEDMAN, BENJAMIN  
3520 OAKS WAY  
#909  
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/10/02

11. I certify that I am an officer or director of 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/10/02

CR2ED40 (8/02)