
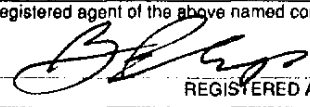



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1245.00

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS</b>		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em;">97 AUG -7 PM 2:39</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE FLORIDA</div>	
<div style="display: flex; justify-content: space-between;"> <div> <b>DOCUMENT #</b> P9300000220916  <b>1. Corporation Name</b> 419 Metal And Auto Recycling Center, Inc.  W97-110276 </div> <div style="font-size: 1.5em; font-weight: bold;">94-97</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> <b>Mailing Address</b>  600 Old Sanford Oriedo Road  Winter Springs, FL 32708 </div> <div> <b>Principal Place of Business</b>  600 Old Sanford Oriedo Road  Winter Springs, FL 32708 </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> <b>2. New Mailing Address, If Applicable</b>  Suite, Apt. #, etc.  City &amp; State  Zip Country </div> <div> <b>3. New Principal Office Address, If Applicable</b>  Suite, Apt. #, etc.  City &amp; State  Zip Country </div> <div> <b>4. Date Incorporated or Qualified To Do Business in Florida</b> 3/02/93  <b>5. FEI Number</b> 59-302-78-21  <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status </div> </div>					
<b>7. Names and Street Addresses of Each Officer and/or Director</b> (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	BART PHILLIPS	7220 LK Floy Cr	Orlando, FL 32819		
<b>8. Name and Address of Current Registered Agent</b> BART Phillips 7220 Lake Floy Cr Orlando, FL 32819			<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
<b>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.</b>					
<b>Signature of Registered Agent</b>  <b>REGISTERED AGENT MUST SIGN</b> Date <b>JULY 31, 1997</b>					
<b>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box</b> <input type="checkbox"/> (See other side for additional information.)					
<b>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
<b>13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>					
<b>SIGNATURE:</b>  <b>BART PHILLIPS</b> <b>JULY 10, 1997</b> <b>327-4419</b>					

CR2040 (6/94)