

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 30 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800011195878

01/29/03--01107--003 \*\*450.00

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DOCUMENT # **P96000099556**  
1. Corporation Name  
**AJH Recycling, Inc.**

2. Principal Office Address  
**8284 S Lakeforest DR**  
Suite, Apt. #, etc.  
City & State  
**Davie, FL**  
Zip  
**33328**

3. Mailing Office Address  
**Same**  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. Date Incorporated or Qualified To Do Business in Florida **12-9-96**

5. FEI Number **65-0726527** 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 **Annabelle Hamann**  
Street Address (P.O. Box Number is Not Acceptable)  
**8284 S. Lakeforest DR**  
Suite, Apt. #, Etc.  
City **Davie** State **FL** Zip Code **33328**

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 *[Signature]* Date **1/27/03**  
REGISTERED AGENT MUST SIGN

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
PSTO	Hamann, Annabelle	8284 S. Lakeforest Dr. Davie, FL 33328	Davie, 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)(f), 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]* Date **1/27/03** Daytime Phone # **954 370-7784**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/03

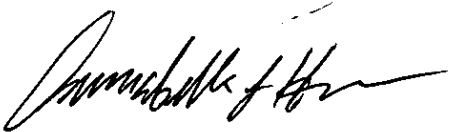
A.J.H. RECYCLING  
8284 S. Lake Forest Dr.  
Davie, Fl. 33328  
(954) 370-7784  
Fax (954) 370-7794

Re: Reinstatement;

Jan. 27, 2003

Please be advised we moved 2 years ago to Titusville Fl. and then back to Ft. Lauderdale last year. We did not receive any mail from the Dept. of State. We are sending a check for \$450.00 for the years-2001-2002-2003.

Sincerely



Annabelle J. Hamann