

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

2002 WBR
FILED
10/22

DOCUMENT # P98000043325

02 OCT 24 PM 3:35

1. Corporation Name

ORLANDO SCRAP METAL RECYCLING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13994 LAKE PRICE DRIVE
ORLANDO FL 32826

Mailing Address

13994 LAKE PRICE DRIVE
ORLANDO FL 32826

18778 E Colonial Dr.
Orlando, FL 32820

Wrong address

18778 E Colonial



200008569042
10/24/02--01045--003 **150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/13/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0845595

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
P	GOLDBERG, ALAN	13994 LAKE PRICE DRIVE	ORLANDO FL 32826
VP	GRIFFITH, STEPHEN	13994 LAKE PRICE DRIVE	ORLANDO FL 32826
		18778 E Colonial Dr. Orlando, FL	32820

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDBERG, ALAN B
13994 LAKE PRICE DRIVE
ORLANDO FL 32826

18778 E Colonial Dr.
Orlando, FL 32820

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/22/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 407 568-3666

Date

Daytime Phone #

CR2E040 (8/02)

Zatz

October 22, 2002

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

Dear Sirs:

Enclosed is my reinstatement application for ORLANDO SCRAP METAL RECYCLING, INC., and a check in the amount of \$150.00 . Please waive the late fees for I did not receive the annual filing form. The address is also incorrect. The correct address is: 18778 E Colonial Dr. Orlando, Fl. 32820.

Thank you very much for your cooperation in this matter.

Sincerely,


ALAN GOLDBERG
President