

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



99 AR  
FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 621609

1. Corporation Name

NATIONAL RESOURCE RECOVERY CORPORATION, INC.

Principal Place of Business

3020 SW 61ST AVE.  
FT. LAUDERDALE FL 33314

Mailing Address

PO BOX 282037  
DAVIE FL 33329  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
~~3rd floor~~

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/1979

5. FEI Number

59-2557805

Applied For

Not Applicable

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
D	KANE, JAMES G	3020 SW 61ST AVE.	FT. LAUDERDALE FL 33314 DAVIE FL 33314
PSTD	ENAMOR, ANTONIO KANE, JAMES G.	2700 REESE ROAD 3020 SW 61st Ave	FT. LAUDERDALE FL DAVIE FL 33314
			300003026863--2 -10/27/99--01087--016 ****150.00 VS *150.00

8. Name and Address of Current Registered Agent

KANE, JAMES G  
3020 SW 61ST AVE.  
FT. LAUDERDALE FL 33314

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.

Signature of  
Registered Agent

X *[Signature]*  
REGISTERED AGENT MUST SIGN

Date X 10/10/99

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/99  
Daytime Phone #

**NATIONAL RESOURCE RECOVERY CORPORATION, INC.**

**P.O. BOX 292037**

**DAVIE, FLORIDA 33329**

**Phone (954) 581-1220**

**Fax: (954) 581-0283**

②

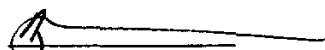
October 12, 1999

Florida Department of State  
Division of Corporation  
Annual Report/Reinstatement Section

Per my discussion with your department, attach please find a check in the amount of \$150.00 and a completed Annual Report to replace the original check # 050181 that was issued and mailed on April 30, 1999.

I am also enclosing a copy of the Receipt for Certified Mail that confirmed that this was indeed filed on a timely basis.

Thanking you in advance for the prompt processing of this Annual Report.

  
Andrew Trumbach