

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Hams
Secretary of State
DIVISION OF CORPORATIONS

02 MAR 27 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000006806

1. Corporation Name
SHRED-IT USA INC.

2. Principal Office Address
50 21st Street

3. Mailing Office Address
2794 South Sheridan Way

REINSTATEMENT 2001-2002

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida December 8, 2000

5. FEI Number
98-0157899

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

City & State
Brooklyn NY

City & State
Oakville Ontario

Zip Country
11232 USA

Zip Country
L6J 7T4 Canada

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

8. I, being appointed the registered agent of the abode named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, VS.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

CONOR BRYAN
SPECIAL ASSISTANT SECRETARY

Date 3/27/02

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
Director	Gregory C. Brophy	2794 South Sheridan Way	Oakville Ontario L6J 7T4
Pres.	Gregory C. Brophy	2794 South Sheridan Way	Oakville Ontario L6J 7T4
Sec.	Gregory C. Brophy	2794 South Sheridan Way	Oakville Ontario L6J 7T4
Treas.	Gregory C. Brophy	2794 South Sheridan Way	Oakville Ontario L6J 7T4

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 61 T, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/20/02

(905) 829-2794

CT CORPORATION

CORPORATION(S) NAME

Shred-It USA Inc.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

RECEIVED
02 MAR 27 PM 2:10
DIVISION OF CORPORATION

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

3/27/02

Order#: 5230695

Ref#: _____

Amount: \$ _____

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Tallahassee, FL 32301
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Fax 850 222 7615