

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 27 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000006806

1. Corporation Name

SHRED-IT USA INC.

Principal Place of Business

Mailing Address

50-21ST STREET, SUITE C
BROOKLYN NY 1122250-21ST STREET, SUITE C
BROOKLYN NY 11222

REINSTATEMENT 03

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

2. New Principal Office Address, if Applicable

2794 SOUTH SHERIDAN WAY

3. New Mailing Office Address, if Applicable

2794 SOUTH SHERIDAN WAY

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

98-0157899

Applied For

Not Applicable

City & State

OAKVILLE ONTARIO

City & State

OAKVILLE, ONTARIO

Zip

L6J 7T4 CANADA

Zip

L6J 7T4

Country

CANADA

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
DPSI	BROPHY, GREGORY C	2794 SOUTH SHERIDAN WAY	OAKVILLE, ONT., CANADA

300024165289

10/27/03--01051--014 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324
33324

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 AgentPETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/22/03

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)(b), 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

JIM THOMSON, VP FINANCE + ADMINISTRATION

October 17 2003 905 829 2794 X267

Date

Daytime Phone #

21 10/25