

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000000014

1. Corporation Name

D.C. FOAM RECYCLE, INC.

2. Principal Office Address - No P.O. Box #

3761 COMMERCE DRIVE

Suite, Apt. #, etc.

STE 406

City & State

BALTIMORE

Zip

21227

Country

3. Mailing Office Address

3761 COMMERCE DRIVE

Suite, Apt. #, etc.

STE 406

City & State

BALTIMORE

Zip

21227

Country

7. Name and Address of Current Registered Agent

Name

MARVIN RENBAUM

Street Address (P.O. Box Number is Not Acceptable)

5505 STEEPLE CHASE

Suite, Apt. #, etc.

City

BOCA RATON

State

FL

Zip Code

33496

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

Marvin Renbaum

REGISTERED AGENT MUST SIGN

Date 10/15/07

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
CP	LOUIS RENBAUM	11857 LINDEN CHAPEL RD	CLARKSVILLE, MD 21029
VCVP	ALAN TABACKMAN	8521 HIGH TEMBER CT	ELLCOTT CITY, MD 21043

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 contained in Chapter 119, 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

ALAN TABACKMAN VP

10/10/07

Date

410-247-7777

Daytime Phone #

FILED

07 OCT 23 AM 11:36

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

600111196116

10/23/07--01021--015 **308.75

REINSTATEMENT 06-07

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/27/2004

5. FEI Number

52-1833553

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.