

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 21 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H20071

1. Corporation Name
M & R Recycling Systems & Services Company, Inc

2. Principal Office Address
1005 Woodcrest Avenue

3. Mailing Office Address
1005 Woodcrest Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Clearwater, FL 33757

City & State
Clearwater, FL 33757

Zip Country
33757 USA

Zip Country
33757 USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/07/1984

5. FEI Number 592450388
Applied For: Not Applicable

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

REINSTATEMENT 95-03

7. Name and Address of Current Registered Agent

Name

RITA J. FREDENRICH

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

1005 Woodcrest Avenue

Suite, Apt. #, Etc.

300012876113
02/21/03--01016--006 **1950.00

City
Clearwater

State Zip Code
FL 33757

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

Rita J. Fredenrich

REGISTERED AGENT MUST SIGN

Date 2-17-03

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
P	Martin L. Fredenrich	1005 Woodcrest Avenue	Clearwater, FL 33757
ST	Rita J. Fredenrich	1005 Woodcrest Avenue	Clearwater, FL 33757

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 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:

Rita J. Fredenrich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-17-03

Daytime Phone #