

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1062

02 JAN 24 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001-2002 UBR
LIMITED LIABILITY COMPANY
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
H. James Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000004025

1. Limited Liability Company's Name

FLORIDA CARTRIDGE RECYCLING, L.L.C.

2. Principal Office Address

215 SW 37TH TERR.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33914

Country

USA

3. Mailing Office Address

C/O BERGAN COUNTY CARTRIDGE

Suite, Apt. #, etc.

555 BROAD ST.

City & State

GLEN ROCK, NJ

Zip

07452

Country

USA

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida
4/7/00

6. FEI Number

22-3723485

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CORPORATE ACCESS, INC.

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

236 EAST 6TH AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code
32303

000004797740-0

-01/25/02--01045--002

****100.00 ****100.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Day Bernad

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR.	CHRIS SANDERS	215 SW 37TH TERR.	CAPE CORAL, FL
MGR.	RICH BARCLAY	143 BROOKSIDE AVE.	RIDGEWOOD, NJ 07450

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Richard J. Barclay

Date 1/16/02

Daytime Phone # (201) 444-1700

Typed or printed name of signing Managing Member/Manager

RICHARD J. BARCLAY

20f2

Florida Cartridge Recycling, L.L.C.
215 SW 37th Terrace
Cape Coral, FL 33914

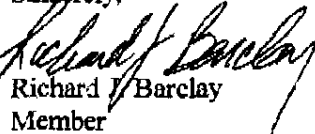
January 24, 2002

Florida Department of State
107 W. Gaines Street
Tallahassee, FL 32399-0250

Dear Sir / Madam:

Upon communication with your office, it was determined that our annual report mailing was returned as undeliverable and was not received by our company. As a result, Florida Cartridge Recycling, L.L.C. was administratively dissolved on September 28, 2001. We are returning the Limited Liability Company Reinstatement form along with the required fee. We are requesting that your office waive the penalty associated with our non-filing.

Sincerely,


Richard J. Barclay
Member