

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 H. J. HOD
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

M02000001090

FILED

1. DOCUMENT # M02000001090

Name and Mailing Address

03 DEC 12 PM 12:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0015333 01 MB 0.309 **AUTO T7 0 0615 07093-481899



RECOVERY TECHNOLOGIES GROUP OF FLORIDA, LLC
 7000 BOULEVARD EAST
 GUTTENBERG NY 07093-4818



CR20094 (7/03)

2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/29/2002	
Principal Place of Business 7000 BOULEVARD EAST GUTTENBERG NY 07093	3. New Principal Place of Business Address	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City, State, Zip Guttenberg NJ 07093		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name 800025453438	
		Street Address (P.O. Box, Apt. No., etc.) 12/12/03 01019-012 **150.00	
		City FL Zip Code	

10. 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 *James A. Bordonaro* Date 12/9/03
 REGISTERED AGENT MUST SIGN Assistant Secretary

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Martin Seigi	7000 Boulevard East	Guttenberg NJ 07093
Secy	Robert Wetzel	7000 Boulevard East	Guttenberg NJ 07093
CFO	Michael Wezel	7000 Boulevard East	Guttenberg NJ 07093

REINSTATEMENT 2003
phgust

12. 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 *Michael Wezel* Date _____ Daytime Phone # 201-854.7777

Typed or printed name of signing Managing Member/Manager Michael Wezel CFO