PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -9 AM 10:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M87460

1. Corporation Name
Hollywood Scrap Recycling, Inc.

REINSTATEMENT 02-03
900023360499
09/26/03--01044--018 **776.25

2. Principal Office Address
5835 Plunkett St.

Suite, Apt. #, etc.

City & State
Hollywood, FL.

Zip 33023 Country USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 1988

5. FEI Number 650077159 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Morris Heider

Street Address (P.O. Box Number is Not Acceptable) 1501 S.W. 16th St.

Suite, Apt. #, Etc.

City Boca Raton State FL Zip Code 33486

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 Morris Heider Date 9/22/03
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| Pres. Sec/Tre. | Morris Heider | 1501 S.W. 16th St | Boca Raton, FL. 33486 |
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10/17/03--01005--011 **123.75

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: Morris Heider 9/22/03 954-989-9544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

jr 10/5