





PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 DEC -6 PM 1:57	
DOCUMENT # N00000000074					
1. Corporation Name THE ARC RECYCLING GROUP, INC.					
Principal Place of Business 4913 WHALERS WAY ORLANDO FL 32822		Mailing Address 4913 WHALERS WAY ORLANDO FL 32822			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/28/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3642383	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				800003500688-3 12/13/00-01114-025 ***236.25 State Zip: 236.25	
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4.		
Executive Director	Jeanne L. Swain "D"	4913 Whalers Way "D"	Orlando, FL 32822		
Director	Stanley G. Swain "D"	4913 Whalers Way "D"	Orlando, FL 32822		
Financial Officer	Saleenah Callaway	4913 Whalers Way	Orlando, FL 32822		
Planner Project Manager	Abdul Alim EL "D"	4913 Whalers Way	Orlando, FL 32822 "D"		
	Wayne Williams	4913 Whalers Way	Orlando, FL 32822		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
SWAIN, JEANNE L 4913 WHALERS WAY ORLANDO FL 32822			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City	State FL	Zip Code
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent				Date 12/1/00	
REGISTERED AGENT MUST SIGN					
11. 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:				Date 12/1/00	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2040 (8/00)