| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.   |   |   |  |               |   |   |                                      |                          |  |
|---|---|---|--|---------------|---|---|--------------------------------------|--------------------------|--|
| FI CRIE OF STATE  |   |   |  |               | FILED                                   |   |                                      |                          |  |
| DENISTATEMENT   |   |   | Decret of State Vision of Corporations       |               | 99 DEC 13 PM 12: 07                     |   |                                      |                          |  |
| DOCUMENT # N9800006463  |   |   |  |               | SECRETARY OF STATE TALLAHASSEE, FLORIDA |   |                                      |                          |  |
| Corporation Name  |   |   |  |               | TALEANASSEE, PLORIGA                    |   |                                      |                          |  |
| REUSABLE RESOURCES ASSOCIATION, INC.  |   |   |  |               |   |   |                                      |                          |  |
| Principal Place of Business Mallin  |   |   | lling Address                                |               |   | të tarër tëtik dark darer darer dare  | . About Galle Basis despi            | <b>.</b> ((1) (84)       |  |
| 103 BUDRIS RD.<br>MELBOURNE BEACH FL 32951  |   | P.O. BOX 511001<br>MELBOURNE BEACH FL 32951 |  |               |   |   |                                      |                          |  |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.   |   |   |  |               |   | 00 G00000 0   | 125 44                               | ı 25                     |  |
|   | ncipal Office Address, If Applicable      |   | 3. New Mailing Office Address, if Applicable |               |   | 05/10/99 90009 035 (UL. 25) 4. Date Incorporated or Qualified To Do Business in Florida |                                      |                          |  |
| Suite, Apt  | #, etc.                                   | Suite, Apt. #,                              | Suite, Apt. #, etc.                          |               |   | 11/13/1998 5. FEI Number Applied For  |                                      |                          |  |
| City & State  |   | City & State                                |  |               | 59-3552849 Not Applicable               |   |                                      |                          |  |
| Zip   | Country                                   | Zip   | Countr                                       | У             | 6.<br>CERTIFICATI                       | E OF STATUS DESIRED 🔲   | 8 75 Ad bbandê k<br>for a Cerbficate | ce required<br>of Status |  |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers  Street Address of Each   |   |   |  |               |   |   |                                      |                          |  |
| Title(s)  | Name of Officers<br>and/or Directors<br>2 | Officer and/or Director                     |  |               | 4 City /                                | State / Zip   |                                      |                          |  |
| P   | Walter F. Drew                            |   | 103 Budris Road                              |               |   | Melbourne 1   | 3each F                              | 2951                     |  |
| T   | Katherine Drew                            |   | 103 Budris Road                              |               |   | Melbourne   |                                      | 951                      |  |
| 5   | Rebecca J. Jar                            | 208 The Road to<br>Waterford Bay            |  |               | Melbourne                               | Beach,  | 2951<br>FL                           |                          |  |
| D   | Susan Blandford                           |   | 1305 Havenhurst                              |               | <u>+</u>                                | Manchester  | , MO 6:                              | 3011                     |  |
| D   | Bernard Conko                             | 712 US Highway 1 th                         |  |               | No. Palm Be                             | ach, FL.  | 33408                                |                          |  |
| D   | Linda Carty                               |   | Beltline                                     |               |   |   |                                      |                          |  |
| 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name  |   |   |  |               |   |   |                                      |                          |  |
| DREW, WALTER F Street Address (i  |   |   |  |               | P.O. Box Number is Not Acceptable)      |   |                                      |                          |  |
|   | JORIS RD.                                 | Suite, Apt. #, Etc                          |  | 2000030791725 |   |   |                                      |                          |  |
| MELBOURNE BEACH FL 32951  |   |   |  | City          | -12/23/33-01041-003<br>******61-25      |   |                                      |                          |  |
| 10 L boins  | appointed the registered exect of the ob- | ovo namod com                               | ration am familiar w                         |               | blications of Sact                      | F   |                                      |                          |  |
| 10. I, being appointed the registered epent of the above pamed configuration, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent 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: LUCCA J. James RISTATURE II/18/99 321. 984. 9183   |   |   |  |               |   |   |                                      |                          |  |

0014856 AF



## Reusable Resources Association

November 13, 1999

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Attn: Mr. Tyrone Scott

Dear Mr. Scott:

Pursuant to our conversation, I am forwarding the completed Notice of Administrative Dissolution or Revocation to you with a remittance of \$61.25 (Annual Report Fee).

I believe that the confusion stemmed from our filing Amendment to our Articles of Incorporation at the same time we filed our Annual Report. This Amendment corrected an inadequate number of officers and directors for the corporation and was filed in July, 1999. The Annual Report was sent more than once, the last time, simultaneously with that Amendment. No response was received to either our Amendment or Annual Report.

I therefore request that the Reinstatement Fee be waived and this filing and remittance be accepted.

Sincerely,

Rebecca James Secretary

P. O. Box 511001, Melbourne Beach, FL 32951
Telephone: 407-956-7073 Facsimile: 407-984-9090 email: reuse@iu.net