
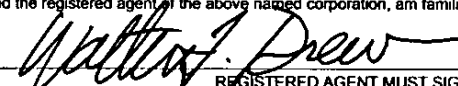



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 FEB 11 PM 12:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N98 00 000 6463				
1. Corporation Name Reusable Resources Association				
2. Principal Office Address 103 Budris Road		3. Mailing Office Address PO Box 511001		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Melbourne Beach, FL		City & State Melbourne Beach, FL		
Zip 32951	Country US	Zip 32951	Country US	
		4. Date Incorporated or Qualified To Do Business in Florida 11/13/98		
		5. FEI Number 59-3552849	Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Walter F. Drew				
Street Address (P.O. Box Number is Not Acceptable) 103 Budris Road				
Suite, Apt. #, Etc.				
City Melbourne Beach		State FL	Zip Code 32951	
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 		Date 2/7/2005		
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	
P	Susan Blandford	1305 Havenhurst	Manchester, MO 63011	
T	Linda Carty	202 Royal Lane	Fairhope, AL 36532	
D	Walter F. Drew	103 Budris Road	Melbourne Beach FL 32951	
D	Katherine V. Drew	103 Budris Road	Melbourne Beach FL 32951	
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: 		Katherine V. Drew	321-984-1018	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	

CR2001 (01/05)