

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -3 PM 2:06

DOCUMENT # P00000052408

1. Corporation Name

Florida PLASTIC Recycling OF
ST. Luice County Inc

2. Principal Office Address

920 Anglerd.

Suite, Apt. #, etc.

City & State

FT. Pierce, FL.

Zip

Country

34947

ST. Luice

3. Mailing Office Address

P.O. Box 13660

Suite, Apt. #, etc.

City & State

FT. Pierce, FL.

Zip

Country

34979

ST. Luice

REINSTATEMENT

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

SP

5. FEI Number

65-101-2283

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LISA FASNACHT

Street Address (P.O. Box Number is Not Acceptable)

6412 Oleander Ave.

Suite, Apt. #, Etc.

City

Fort Pierce FL.

State
FL

Zip Code

34982

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

Lisa Fasnacht

REGISTERED AGENT MUST SIGN

Date 9-4-01

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.	GROVER R. FASNACHT Sr.	6412 Oleander Ave.	FT. Pierce FL, 34982
Sec. Treas.	LISA M. FASNACHT	6412 Oleander Ave.	FT. Pierce FL, 34982

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:

GROVER R. FASNACHT Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-01 561-460-0430

Date

Daytime Phone #

CR2E081 (9/00)