

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000073980

1. Corporation Name

JACK'S RECYCLING, INC.

Principal Place of Business

1229 CLARK STREET
JACKSONVILLE FL 32206

Mailing Address

1229 CLARK STREET
JACKSONVILLE FL 32206

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2001

5. FEI Number

59-3734360

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JONES, JACK H JR	4535 PUTNAM AVENUE	JACKSONVILLE FL 32207

000023750120
10/13/03--01086--017 **150.00

8. Name and Address of Current Registered Agent

PLEIMAN, THOMAS C JR
9471 BAYMEADOWS RD, SUITE 308
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

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:

Jack H. Jones Jr
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-03 (904) 355-790

CR2040 (7/03)

1229 Clark Street
Jacksonville, FL. 32206

Jack's Recycling Inc.

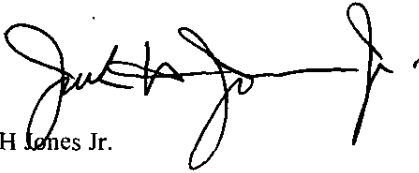
October 10, 2003

To Whom It May Concern,

I Jack H Jones Jr. owner of Jack's Recycling Inc. did not receive the 1st notice or the 2nd Notice from the Division of Corporations for the Annual Report that needed to be filled out signed and returned to the Department Of State.

Sincerely,

Jack H Jones Jr.



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ENVIRONMENTALLY SAFE RECYCLING OF PRECIOUS METALS
COMPUTER SCRAP * ELECTROANIC SCRAP * METAL RECYCLING

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