Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000290261 3)))

H15000290261 3ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

15 DEC -8 PM 1:13

TALLAHASSEE, FLORIDA

RECEIVED

CORPORATION REINSTATEMENT

NEWSCYCLE SOLUTIONS FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$750.00

Electronic Filing Menu Corporate Filing Menu Help

PLEASE READ ALL INSTRUCTIONS BEFORE C

FILED
15 DEC -8 AM 8:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P01000075425

1. Corporation Name
Newscycle Solutions Florida, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6767 N. Wickham Road	7900 International Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 111	8th Floor
City & State	City & State
Melbourne, FL	Bloomington
Zip / County	Zip / Country
32940 /	MN / 55425

4. Date Incorporated or Qualified To Do Business in Florida
August 1, 2001

5. FEI Number
59-3736059
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes
$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, etc.

City	State	Zip Code
Plantation	FL	33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent Cristle Myers Assistant Secretary Date 12-8-15
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
Pres	Scott Roessler	6767 N. Wickham Road, Suite 111	MELBOURNE, FL 32940
CEO	Preston McKenzie	7900 International Drive, 8th Floor	Bloomington, MN 55425
CFO	Lynn Danko	7900 International Drive, 8th Floor	Bloomington, MN 55425
Dir	Preston McKenzie	7900 International Drive, 8th Floor	Bloomington, MN 55425

10. E-mail Address: Not applicable
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Lynn Danko 12/3/15
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #