

2005 FOR PROFIT CORPORATION REINSTATEMENT

T. Roberts JUN 06 2005

DOCUMENT # P02000076920
 1. Entity Name
 UNITED RECYCLING CORP.



FILED
 05 MAY 31 PM 4:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 04-25

Principal Place of Business
 5035 PLUNKETT ST.
 HOLLYWOOD, FL 33023

Mailing Address
 5035 PLUNKETT ST.
 HOLLYWOOD, FL 33023



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

04262005 REIN-P CR2E098 (6/04)

4. FEI Number
 22-3859504

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SOLOMON, HAROLD
 5801 WILEY STREET
 HOLLYWOOD, FL 33023

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

700055988037
 06-10-05 01002 002 ***300.00

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	Delete
NAME	SOLOMON, HAROLD	
STREET ADDRESS	5035 PLUNKETT ST.	
CITY - ST - ZIP	HOLLYWOOD, FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NABIT, MERWIN J	
STREET ADDRESS	5035 PLUNKETT ST.	
CITY - ST - ZIP	HOLLYWOOD, FL 33023	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MASSUCCO, ALBERT JR	
STREET ADDRESS	5035 PLUNKETT ST.	
CITY - ST - ZIP	HOLLYWOOD, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.T.S	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Rebecca Solomon	
STREET ADDRESS	5835 Plunkett St.	
CITY - ST - ZIP	Hollywood, FL 33023	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rebecca Solomon 5-17-05 954-961-3033
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

nd 5-17-05 CK# 2290