

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 NOV -6 PM 1:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000087087

1. Corporation Name

RELYC USA CORP.

Principal Place of Business

15315 NW 60 AVE STE G
MIAMI LAKES FL 33014

Mailing Address

15315 NW 60 AVE STE G
MIAMI LAKES FL 33014



REINSTATEMENT-03

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

2. New Principal Office Address, If Applicable

5767 NW 151 St.

Suite, Apt. #, etc.

D

City & State

Miami Lakes, FL 33014

Zip

33014

Country

USA

3. New Mailing Office Address, If Applicable

P.O. Box 5828

Suite, Apt. #, etc.

City & State

Hialeah, FL 33014-5828

Zip

33014-5828

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/2002

5. FEI Number

73-1658189

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	MELVILLE, CLAUDIA M	5767 NW 151 Street #D	MIAMI LAKES FL 33014
V	LEON, WILMER J	5767 NW 151 Street #D	MIAMI LAKES FL 33014
S	ROBERTO E LEON	5767 NW 151 Street #D	Miami Lakes FL 33014

200024478352
11/06/03--01034--005 **150.00

8. Name and Address of Current Registered Agent

PINES, ELIZABETH C ESQ
3301 PONCE DE LEON BLVD STE 200
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

ROBERTO E LEON

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

5767 NW 151 Street

Suite, Apt. #, Etc.

Suite D

City

MIAMI LAKES

State

FL

Zip Code

33014

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claudia M Melville President

10/16/03

Date

Daytime Phone #

CR2E040 (7/03)

RELYC USA CORP.
5767 NW 151ST Street Suite D
Miami Lakes, FL 33014
305-491-6109

October 16, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Gentlemen:

I, Claudia M Melville, president of RELYC USA CORP., hereby state that I just received the Notice of Administrative Dissolution or Revocation of my above stated company from your office and that I did not received the prior two Uniform Business Reports that you mention in your notice. Therefore I would like to reinstate my company without penalty and to that effect I am enclosing my check in the amount of \$150.00 to cover the filing fee plus the application for reinstatement duly executed.

Sincerely,



Claudia M Melville

PS: Please, send any correspondence to our Mailing Address P. O. Box 5828 Hialeah,
FL 33014-5828.

Encl.