

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000119608

1. Corporation Name

M & P SCRAP IRON AND SALVAGE, INC.

Principal Place of Business

4150 SW 47 AVE.
DAVIE FL 33314
US

Mailing Address

4150 SW 47 AVE.
DAVIE FL 33314
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2002

5. FEI Number

02 065 2332

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	DANIELLE, ROSEMARIE	10401 NW 17 ST	PLANTATION FL 33322
vp.	Micheal Danielle	4150 SW 47 Ave	DAVIE 33314

900025231589
12/04/03--01027--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DANIELLE, ROSEMARIE
10401 NW 17 STREET
PLANTATION FL 33322

Name

Rosemarie Danielle

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

4150 SW 47 Ave.

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

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

Rosemarie Danielle

REGISTERED AGENT MUST SIGN

Date

Nov-17-2003

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:

Rosemarie Danielle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nov 17-2003

CR2E040 (7/03)

to ~~attest~~ may Concern

Never rec'd Correspondence
from Florida Department
of State of Aug 27: 2003
requesting Correction
to be made on my form
document # PO2000119608

M-P Scrap Iron & Salvage Inc
Please waive Reinstatement
fee

thank you

Rosmarie Dunelle Nov 17-