

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 27 PM 12:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000131209

1. Corporation Name

E-Z SORTER, INC.

Principal Place of Business

11053 SW 1ST STREET
CORAL SPRINGS FL 33071

Mailing Address

11053 SW 1ST STREET
CORAL SPRINGS FL 33071

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

12/12/2002

5. FEI Number

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	ROSEN, SANDRA	11053 SW 1ST STREET	CORAL SPRINGS FL 33071
T	MISIURA, BRYNA	11053 SW 1ST STREET	CORAL SPRINGS FL 33071

700024169917
10/27/03 01070 009 **150.00

8. Name and Address of Current Registered Agent

ROSEN, SANDRA
11053 SW 1ST STREET
CORAL SPRINGS FL 33071

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

Sandra Rosen

REGISTERED AGENT MUST SIGN

Date

10/16/03

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:

Sandra Rosen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03

Daytime Phone #

CR2E040 (7/03)

OCTOBER 16, 2003

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT
SECTION
PO BOX 6327
TALLAHASSEE FL 32314-6327

RE: REINSTATEMENT OF OUR CORP.,E-Z SORTER

DEAR SIR:

THIS IS THE ONE AND ONLY UBR FILING NOTICE THAT WE HAVE RECEIVED.
WE HAVE NOT RECEIVED ANY PREVIOUS NOTICES.

THEREFORE, WE ARE SUBMITTING OUR CHECK FOR \$150.00.

VERY TRULY YOURS,

A handwritten signature in cursive script, appearing to read "Sandra H. Rosen".

SANDRA H. ROSEN
PRESIDENT
E-Z SORTER