

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY
DIVISION OF CORPORATIONS

10 FEB 12 PM 2:36

DOCUMENT # P03000023927

1. Corporation Name

ECO PAPER RECYCLING CORP.

2. Principal Office Address - No P.O. Box #

6823 Main Street

Suite, Apt. #, etc.

3. Mailing Office Address

6823 Main Street

Suite, Apt. #, etc.

City & State

Miami Lakes

City & State

Miami Lakes

Zip

33014

Country

Miami-Dade

Zip

33014

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

2/27/2003

5. FEI Number

05-0562581

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard C. Entin, Esq.

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

4300 N University Drive

Suite, Apt. #, Etc.

B-200

City

Lauderhill

State

FL

Zip Code

33351

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date **02/11/2010**

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
P/D	Jose L. Flores	6823 Main Street	Miami Lakes, Fl. 33014

10. E-mail Address: **ECOJF@YAHOO.COM**

(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., 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.

SIGNATURE:

Jose L. Flores

02/11/2010 786-346-6211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #