

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000157211

1. Entity Name  
RECOL INC.



FILED

06 FEB 24 PM 1:19

Principal Place of Business  
6861 SW 196 AVE  
406  
PEMBROKE PINES, FL 33332 US

Mailing Address  
6861 SW 196 AVE  
406  
PEMBROKE PINES, FL 33332 US

2. Principal Place of Business  
13180 NW 43 AVE.

3. Mailing Address  
same

City & State  
OPALOCKA, FL 33054

Zip  
33054

Country  
USA.

City & State

Zip

Country

02232006 REINP CR2E098 (11/05)

4. FEI Number  
34-2024831

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

REQUEJO, CAROL A  
19471 NW 8 STREET  
PEMBROKE PINES, FL 33029

## 7. Name and Address of New Registered Agent

Name  
REQUEJO, CAROL A.

Street Address (P.O. Box Number is Not Acceptable)  
19471 NW 8 ST.

City  
PEMBROKE PINES

FL Zip Code  
33029

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

*Carol A. Requejo*

(NOTE: Registered Agent signature required when reinstating)

2/23/06

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, EUGENE 6861 SW 196 AVE #406 PEMBROKE PINES, FL 33332	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REQUEJO, ANTONIO 19471 NW 8 STREET PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES REQUEJO, CAROL A 19471 NW 8 STREET PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. REQUEJO, ANTONIO 19471 NW 8 ST. PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. TORRES, EUGENE 13180 NW 43 AVE. OPALOCKA, FL 33054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000067945490 03/15/06--01006--025 ***308.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Antonio Requejo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06 (305) 688 8687

Date

Daytime Phone #