

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Amended

FILED

2007 DEC 14 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000169065

1. Corporation Name

COMPTeK RECYCLING SERVICES, INC

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

1677 SW 6TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1677 SW 6TH STREET

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL.

City & State

PEMBROKE PINES, FL

Zip

33027

Country

USA

Zip

33027

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/2004

5. FEI Number

261447500

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
STEVE WILLIAMS

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

1677 SW 6TH STREET

Suite, Apt. #, Etc.

City
PEMBROKE PINES

State
FL

Zip Code
33027

☐ 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

REGISTERED AGENT MUST SIGN

Date **12/01/07**

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 |
|--------|--------------------------------------|---|---------------------------|
| PRES | STEVE WILLIAMS | 1677 SW 6TH STREET | PEMBROKE PINES, FL. 33027 |
| CFO | EMMANUEL DOLCE | 1677 SW 6TH STREET | PEMBROKE PINES, FL. 33027 |
| | | | |
| | | | |
| | | | |
| | | | |

500113354655
12/27/07 01001 000 **\$1.25

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/07 305-467-2783

Date

Daytime Phone #