

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000001409

Entity Name: FLORIDA WOOD RECYCLERS, INC.

FILED
Oct 01, 2009
Secretary of State

Current Principal Place of Business:

14123 STATE ROAD 54
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

14123 STATE ROAD 54
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 32-0227288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
12000 NORTH DALE MABRY HWY
SUITE 110
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

NICK, SFORZA PRESIDE
14123 S.R.54
ODESSA, FL 33556 US

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.

SIGNATURE: NICK SFORZA

10/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: HARRIS, KIMBERLY
Address: 14123 STATE ROAD 54
City-St-Zip: ODESSA, FL 33556 US

Title: DIR () Delete
Name: SFORZA, NICK
Address: 14123 STATE ROAD 54
City-St-Zip: ODESSA, FL 33556 US

Title: PRES () Delete
Name: SFORZA, NICK
Address: 14123 STATE ROAD 54
City-St-Zip: ODESSA, FL 33556 US

Title: VP () Delete
Name: HARRIS, KIMBERLY
Address: 14123 STATE ROAD 54
City-St-Zip: ODESSA, FL 33556 US

Title: SEC () Delete
Name: HARRIS, KIMBERLY
Address: 14123 STATE ROAD 54
City-St-Zip: ODESSA, FL 33556 US

Title: TREAS () Delete
Name: SFORZA, NICK
Address: 14123 STATE ROAD 54
City-St-Zip: ODESSA, FL 33556 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK SFORZA

PRES

10/01/2009

Electronic Signature of Signing Officer or Director

Date