

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 16 AM 11:48

DOCUMENT # P93000049108

1. Corporation Name

RESOURCE RECOVERY NETWORK, INC.

Principal Place of Business

Mailing Address

1750 N. UNIVERSITY DR.
SUITE 222
CORAL SPRINGS FL 33071
US

1750 N UNIVERSITY DR
SUITE 222
CORAL SPRING FL 33071
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1993

5. FEI Number

65-0424086

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 / 1/2 hour of fee required
for each certificate of status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | GARSON, JOSEPH | 1750 N. UNIVERSITY DR STE 222 | CORAL SPRINGS FL 33071 |
| D | GARSON, SHAWN | 1750 N. UNIVERSITY DR STE 222 | CORAL SPRINGS FL 33071 |
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12/02/99 01856 886

***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARSON, SHAWN E
1750 N. UNIVERSITY DR.
SUITE 222
CORAL SPRINGS FL 33071

Name Joseph A. Garson
Street Address (P.O. Box Number is Not Acceptable)
1750 N. University Dr.
Suite, Apt. #, Etc. Suite 222
City Coral Springs State FL Zip Code 33071

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.

Signature of
Registered Agent

Joseph A. Garson **REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11/8/99

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Garson Pres

Date

Daytime Phone #

954/346-5001

CR2540 (8/99)