

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000031036

1. Corporation Name

Acme Recycling Corp.

FILED

99 JAN 28 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1096 Bailey Hill Rd.
Plymouth FL 32768

Mailing Address

P.O. Box 594
Plymouth FL
32768-0594

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 594
Plymouth FL
32768-0594 Orange

REINSTATEMENT

98-99
AD

To Do Business in Florida

5. F.E.I. Number

4-17-93
59-3315145

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Ryan W. Pipkins	211 Nob Hill Circle Longwood FL 32779	Longwood FL 32779

000002768710--2
-02/09/99--01012--015
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Herman Fields
430 Achor Road
Casselberry FL 32707

9. Name and Address of New Registered Agent

Name
Ryan Pipkins
Street Address (P.O. Box Number is Not Acceptable)
211 Nob Hill Circle
Suite, Apt. #, Etc.

City
Longwood

State
FL

Zip Code
32779

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

Ryan Pipkins

REGISTERED AGENT MUST SIGN

Date

1-23-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Ryan Pipkins

Ryan Pipkins

1-23-99 (402) 869
1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #