

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000057960**

1. Corporation Name

RFI RECYCLED FIBRE INDUSTRIES, INC.

Principal Place of Business

Mailing Address

7101 W MCNAB RD
SUITE 200
TAMARAC FL 33321

7101 W MCNAB RD
SUITE 200
TAMARAC FL 33321

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

2. New Principal Office Address, If Applicable

5001 N. DIXIE HIGHWAY

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5001 N. DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33431

Country

Zip

33431

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1995

5. FEI Number

65-0599898

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
D	ARNETT, JAN	42-07 30TH AVE	ASTORIA NY 11103
D	BAUMAN, JEROME	10 PARSONAGE RD SUITE 208	EDISON NJ 08837
D	JUSKA, RAY	17 MARION DR	EAST LYME CT 06333
D/VP	SANBORN, DAVID	475 E 151 ST	E CHICAGO IN 47512 46312
D/ST	SINGERMAN, MORTON	5403 NW 23 AVE	BOCA RATON FL 33408
D	ASHKAR, MICHAEL	44 MONMOUTH ROAD	EATON TOWN, NJ 07224
S	NELSON, FRAN	5821 N.W. 25TH TERRACE	BOCA RATON, FL 33496

8. Name and Address of Current Registered Agent

ZIPPIN, ROBERT S
7101 W MCNAB RD
SUITE 200
TAMARAC FL 33321

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

30800201 1033
-11/21/96--01044--009
*****375.00**
FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/14/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE OF FRAN R. NELSON
ASSISTANT SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/96

Date

Daytime Phone #