

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # P95000075421

1. Corporation Name

RECYCLE U.S.A., INC.

Principal Place of Business

POST OFFICE BOX 14610
BRADENTON FL 34280

Mailing Address

7719 24th Ave W
POST OFFICE BOX 14610
BRADENTON FL 34280

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1995

5. FEI Number

65-0625445

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	4 City / State / Zip
D	SHEFFIELD, LISA J	7719 24TH AVENUE WEST	BRADENTON FL 34208
D	HASENFLU, EARL T	1125 MALLORCA DRIVE	BRADENTON FL 34209
D	SHEFFIELD, DONALD	7719 24TH AVE W	BRADENTON FL 34209

000008546460

10/23/02--01057--003 **150.00

8. Name and Address of Current Registered Agent

MATTHEWS, TERENCE
5190 28TH STREET WEST
SUITE D
BRADENTON FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Terence Matthews
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/20/02

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:

Earl T Hasenflu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**RECYCLE USA
7719 24TH AVE W
BRADENTON, FL. 34209**

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
BOX 6327
TALLAHASSEE, FL. 32314-6327**

RE: INSTATEMENT

DEAR SIRS:

**I HAVE WRITTEN TO YOU ALREADY ONCE THIS YEAR LETTING YOU
KNOW WE HAD A CHANGE OF ADDRESS AND STILL ALL THE FORMS
ARE GOING TO OUR OLD ADDRESS.**

**I DID NOT RECEIVE MY CORPORATE RENEWAL FORMS AND SO I
COULD NOT SEND THEM IN ON A TIMELY BASIS.**

**PLEASE RENEW THIS COPRPORATION SINCE I COULD NOT DO IT
WITHIN THE ALLOTTED TIME FRAME.**

SINCERELY



**EARL T. HASENFLU
PRESIDENT/OWNER**