

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 10:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000101214**

1. Corporation Name

**GORGY RECYCLING COMPANY, INC.**

Principal Place of Business

Mailing Address

6275 NW 113 TERRACE  
 MIAMI FL 33012

6275 NW 113 TERRACE  
 MIAMI FL 33012



**REINSTATEMENT 03**

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

4. Date Incorporated or Qualified To Do Business in Florida

12/16/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0714697

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PST	VELAZQUEZ, JORGE A	6275 N.W. 113 TERRACE	MIAMI FL 33012

100024333231  
 10/31/03--01053--020 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VELAZQUEZ, JORGE A  
 6275 N.W. 113 TERRACE  
 MIAMI FL 33012

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*[Signature]*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 10/28/03

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]*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-825-0671

*[Signature]*  
 10/28/03

CR2E040 (7/03)

October 28, 2003

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To: Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl 32314-6327

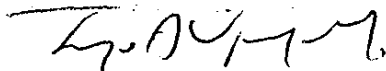
From: Gorgy Recycling Company, Inc (FEI number: 65-0714697)  
6275 N.W. 113<sup>th</sup> Terr.  
Miami, Fl 33012-2329

Ref: Application for Reinstatement

To whom it may concern:

We did not receive the Application for Reinstatement until just now. For this reason, I would like to ask for a waive of penalty. Our company has been in business for the past 7 years and we have always paid this application on time.

Thank you,



Jorge A. Velazquez  
President