

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 22 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000021980

1. Corporation Name

A&B RECYCLING, INC.

Principal Place of Business

1708 S.W. 31ST AVE.  
PEMBROKE PARK FL 33009

Mailing Address

1708 S.W. 31ST AVE.  
PEMBROKE PARK FL 33009

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

03/11/1997

5. FEI Number

07-3654268

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HAYES, MIRIAM	3301 W. LAKE PLACE	MIRAMAR FL 33023

8. Name and Address of Current Registered Agent

ANDERSON, GERALD  
1708 S.W. 31ST AVE.  
PEMBROKE PARK FL 33009

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

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

REGISTERED AGENT MUST SIGN

Date

10/15/99

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 stated 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

Date

Daytime Phone #

Gerald Anderson 10/15/99 954 981-5553

CR2E040 (09/99)

10/15/99 From A & B Recycling Inc. 2  
1708 S.W. 31st Ave.  
Pembroke Park, Fl. 33009.

TO: Fla. Dept of State

As per our conversation, the week of  
10/10/99. in regard to filing reinstatement, I  
call and inform you of ~~an~~ this error as per  
my payment was made/mailed 2/2/99 CHN #1825  
for the Amount of \$58.75, \$50 filing fee, 8.75  
for a Return Cert/report??, the <sup>(State of Fla.)</sup> Gentlemen ask me  
to write a letter in regards to this matter  
and Return it a the Reinstatement Report I  
Just Received. if there's any problem please  
Call me at. 954-987-5553 Thank You  
Gerald Amberson