PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL -2 AM 10:15

DOCUMENT # P97000047200

1. Corporation Name
TECHNOLOGY RECYCLING, INC.

~~MARTSY~~

REINSTATEMENT 98-01

2. Principal Office Address	**3.** Mailing Office Address
2300 AVOCADO AVE	
Suite, Apt. #, etc. UNITS E F	Suite, Apt. #, etc.
City & State MELBOURNE, FL	City & State
Zip / Country 32935 / BREVARD	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: MAY 28, 1997 / MAY 16, 1998

5. FEI Number: 59-3449857 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: KENNETH DALY

200004474672--3
-07/13/01--01069--021
***1200.00 ***1200.00

Street Address (P.O. Box Number is Not Acceptable): 542 MAJORCA COURT

Suite, Apt. #, Etc.:

City: SATELLITE BEACH | State: FL | Zip Code: 32937

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: MAY 27, 2001
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/Sec.	KENNETH E. DALY	542 MAJORCA COURT	SATELLITE BEACH, FL 32937

8/27/10

10. 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: _____ 06/27/01 321-751-9936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #