PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 APR 18 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

98-02

DOCUMENT # P97000047200

1. Corporation Name

Technology Recycling, Inc.

2. Principal Office Address	3. Mailing Office Address
2300 Avocado Ave	218-A E. Eau Gallie Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Units E & F	# 45
City & State	City & State
Melbourne, FL	Indian Harbor Bch, FL
Zip / Country	Zip / Country
32935 / USA	32937 / USA

4. Date Incorporated or Qualified To Do Business in Florida: May 28, 1997

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

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Kenneth E. Daly

Street Address (P.O. Box Number is Not Acceptable): 542 Majorca Ct

Suite, Apt. #, Etc.:

City: Satellite Bch State: FL Zip Code: 32937

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***1350.00 ***1350.00

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: [signature] REGISTERED AGENT MUST SIGN

Date: 4/17/2002

CR2E061 (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
P	Kenneth E. Daly	542 Majorca Ct	Satellite Bch, FL 32937

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: Kenneth E. Daly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2002 Date

321-751-9936 Daytime Phone #