

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV 13 PM 5:33

DOCUMENT # P97000052088

1. Corporation Name  
EASTERN RECYCLING, INC.

Principal Place of Business  
3300 NW 27TH AVE  
POMPANO BEACH FL 33069

Mailing Address  
2075 N.POWERLINE RD  
POMPANO BEACH FL 33069



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  
06/11/1997

5. FEI Number  
65-0764343

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
T	MARZANO, FRANK P	16 SUNCREST DRIVE	DIX HILLS NY 11746
P	MARZANO, PATRICK F	4900 N. OCEAN BLVD., APT #821	FT. LAUDERDALE FL 33308
V	GREENE, CHARLES D	910 NW 116TH TERRACE	PLANTATION ACRES FL
V	GREENE, JAMES N	5632 NW 39TH AVE	COCONUT CREEK FL 33073
S	BAKER, PAUL F	1101 NW 29TH COURT	WILTON MANORS FL 33311

*See Attached Schedule*

8. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City

12/05/00 State 0100000010  
\*\*\*\*150.00 FL \*\*\*\*150.00

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  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/10/00  
Daytime Phone #

CR2ED40 (8/00)

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**Eastern Recycling, Inc.**

**Executive Officers**

Phillip Foreman, President  
2075 N. Powerline Road  
Pompano Beach, FL 33069

Thomas R. Roberts, Vice President  
2075 N. Powerline Road  
Pompano Beach, FL 33069

Michael C. Marzano, Treasurer, Assistant Secretary  
2075 N. Powerline Road  
Pompano Beach, FL 33069

Angelo Marzano, Secretary  
2075 N. Powerline Road  
Pompano Beach, FL 33069