

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P97000080830

1. Corporation Name

Secure Environmental Electronic Recycling, Inc.

Principal Place of Business

6902 7th Ave. E.
Tampa, FL 33619

Mailing Address

Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6902 7th Ave. E.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Same

Zip

33619

Country

Hillsborough

Zip

Same

Country

Same

4. Date Incorporated or Qualified To Do Business In Florida

09/17/1997

SP

5. FEI Number

59-3469663

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	William M. Flynn	P.O. Box 25178	Tampa, FL 33622-5178
D	Max Zalkin	12407 Stillwater Terrace Dr.	Tampa, FL 33624

700003059027--0
-12/02/99--01062--003
****300.00 ****300.00

8. Name and Address of Current Registered Agent

Roy W. Cohn
3321 Henderson Blvd.
Tampa, FL 33609

9. Name and Address of New Registered Agent

Name

Max Zalkin

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

6902 7th Ave. E.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33619

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 11/10/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Max Zalkin V.P.

11/10/99

Date

813-621-8870

Daytime Phone #

REINSTATEMENT 98-99

FILED

99 NOV 15 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA