

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 MAY -1 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039922

1. Corporation Name

NATIONWIDE METAL RECYCLING AND PROCESSING, INC.

Principal Place of Business

Mailing Address

~~3160 S.W. 100TH COURT  
MIAMI FL 33165~~

~~3160 S.W. 100TH COURT  
MIAMI FL 33165~~

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

2. New Principal Office Address, If Applicable

4900 S.W. 195TH TERR.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4900 S.W. 195TH TERR.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33332

Country

Zip

33332

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida

05/01/1998

5. FEI Number

65-0885305

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GARCIA, MANUEL P	<del>3160 S.W. 100TH COURT</del> 4900 S.W. 195TH TERR.	MIAMI FL 33165 Ft. Lauderdale, FL 33332
			400003250184--9 -05/12/00--01033--012 ****900.00 ****900.00
			SP

8. Name and Address of Current Registered Agent

GARCIA, MANUEL P

~~3160 S.W. 100TH COURT~~

~~MIAMI FL 33165~~

9. Name and Address of New Registered Agent

Name

Garcia, Manuel P.

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

4900 S.W. 195TH TERRACE

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33332

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 11-10-1999

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.

Manuel P. GARCIA

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-10-1999 (305) 688-4040  
Daytime Phone #

CR2E040 (8/99)