

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000043325

1. Corporation Name

ORLANDO SCRAP METAL RECYCLING, INC.

Principal Place of Business

13994 LAKE PRICE DRIVE
ORLANDO FL 32826

Mailing Address

13994 LAKE PRICE DRIVE
ORLANDO FL 32826

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

05/13/1998

5. FEI Number

65-0845595

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 3	City / State / Zip 4
P	GOLDBERG, ALAN	13994 LAKE PRICE DRIVE	ORLANDO FL 32826
VP	GRIFFITH, STEPHEN	13994 LAKE PRICE DRIVE	ORLANDO FL 32826
		18778 E Colonial Dr. Orlando, FL 32820	

8. Name and Address of Current Registered Agent

GOLDBERG, ALAN B
13994 LAKE PRICE DRIVE
ORLANDO FL 32826

18778 E Colonial Dr.
Orlando, FL 32820

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/22/02

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

Daytime Phone #

10/22/02 407 568-3666

Zatz

October 22, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

Dear Sirs:

Enclosed is my reinstatement application for ORLANDO SCRAP METAL RECYCLING, INC., and a check in the amount of \$150.00 . Please waive the late fees for I did not receive the annual filing form. The address is also incorrect. The correct address is: 18778 E Colonial Dr. Orlando, Fl. 32820.

Thank you very much for your cooperation in this matter.

Sincerely,



ALAN GOLDBERG
President