

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 MAR 30 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000061292

**1. Corporation Name**  
Twenty First Century Recycling, Inc.

**2. Principal Office Address** 701 Brickell Avenue  
**3. Mailing Office Address** 701 Brickell Avenue

Suite, Apt. #, etc. Suite 3000  
Suite, Apt. #, etc. Suite 3000

City & State Miami, FL  
City & State Miami, FL

Zip Country 33131 USA  
Zip Country 33131 USA

**4. Date Incorporated or Qualified To Do Business in Florida** 7/10/98

**5. FEI Number** 65-0853326  
Applied For Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name Intrastate Registered Agent Corporation 000003953290--8  
Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue  
Suite, Apt. #, Etc. Suite 3000  
City Miami  
State FL Zip Code 33131

**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] VICE PRESIDENT  
REGISTERED AGENT MUST SIGN Date 3/21/01

**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, D   | Randy Pedersen                    | 701 Brickell Ave., #3000<br>Miami, FL 33131    | 000003953290--8<br>-04/03/01-01066-001<br>***150.00 ***150.00 |
| S,T,D  | Frank Wainwright                  | 701 Brickell Ave., #3000<br>Miami, FL 33131    | ***150.00 ***150.00   |
|        |                                   |  |   |
|        |                                   |  |   |
|        |                                   |  |   |

**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: [Signature] Randy Pedersen 3/22/01 954-252-9944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Randy Pedersen, President