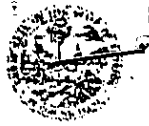


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 19 11:46 AM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000096289

1. Corporation Name
ALL-COUNTIES RECYCLING & WASTE PROCESSING, INC.

Principal Place of Business
P905 BOX W 2378 STREET
KEY LARGO, FL 33037

Mailing Address
300 ATLANTIC DR.
P.O. BOX 2378
KEY LARGO, FL 33037

HA

REINSTATEMENT 08-01

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

2. New Principal Office Address, if Applicable
3. New Mailing Office Address, if Applicable
4. Date Incorporated or Qualified To Do Business in Florida 11/16/1998
5. FEI Number 65-0876383
6. CERTIFICATE OF STATUS DESIRED [X] \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	ALEX MONTEAGUDO	P.O. BOX 2378 / 300 Atlantic Drive	KEY LARGO, FL 33037
			300003623413-3 -02/01/01--01101--006 ****750.00 ****750.00
			300003623413-3 -02/01/01--01101--007 ****150.00 ****150.00

8. Name and Address of Current Registered Agent
MONTEAGUDO, ALEX
P.O. BOX 2378
KEY LARGO, FL 33037
Monteagudo Alex
300 Atlantic Dr.
Key Largo, FL
33037

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
300003623413-3
Suite, Apt. #, Etc.
-02/01/01--01101--006
City
FL

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] REGISTERED AGENT MUST SIGN Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #