

APPLICATION
FORFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 16 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000040402

1. Corporation Name

BUSY BEE RECYCLING, CORP.

Principal Place of Business

Mailing Address

~~1850 HIBISCUS DR.~~
~~N. MIAMI FL 33181~~~~1850 HIBISCUS DR.~~
~~N. MIAMI FL 33181~~

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

2. New Principal Office Address, If Applicable

327 S.W. 2 Ave.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

327 S.W. 2 Ave.

Suite, Apt. #, etc.

City & State

Florida City, FLA

Zip
33034

Country

U.S.A.

City & State

Florida City, FLA

Zip

33034

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1999

5. FEI Number

650921226

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
DP	ALMEIDA, CARLOS M	1850 HIBISCUS DR.	N. MIAMI FL 33181
DT	ALMEIDA, MARIA C	1850 HIBISCUS DR.	N. MIAMI FL 33181

6000003441568--5
-10/27/00--01012--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

ALMEIDA, CARLOS M
1850 HIBISCUS DR.
N. MIAMI FL 33181

9. Name and Address of New Registered Agent

Name: BUSY BEE RECYCLING CORP.
Carlos M. Almeida Jr. / Maria C. Almeida
Street Address (P.O. Box Number is Not Acceptable)
327 S.W. 2nd Ave.
Suite, Apt. #, Etc.

City

Florida City

State

FL

Zip Code

33034

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 10-12-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-00

Date

Daytime Phone #

Oct 12, 2000

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To: Department of State

My Name is Maria C. Almeida I am
Vice-President and owner w/ husband Carlos M. Almeida
of Company Busy Bee Recycling Corp.

I, Called in your Department and I let
them know that this is the first thing that
I, receive from your Department.

I have not received any other kind of
notice and I can assure you that I
will always meet your requirements.

Thank you, in Advance for your time.

Busy Bee Recycling Corp.
(305) 242-2095

