

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

①

APPLICATION
FOR
REINSTATEMENT



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

1997 SEP 15 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 817361

1. Corporation Name

RECUPERATED RESOURCES, INC.

Principal Place of Business

Mailing Address

6129 S.W. 70th Street
2nd Floor
S. Miami, FL 33143

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

2. New Principal Office Address, If Applicable

6129 S.W. 70th Street 6129 S.W. 70th Street

4. Date Incorporated or Qualified
To Do Business in Florida

12/5/90

5. FEI Number

* Applied For
Not Applicable

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

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

2nd Floor

City & State

South Miami, FL 33143

City & State

South Miami, FL 33143

Zip

33143

Country

U.S.A.

Zip

33143

Country

U.S.A.

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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|---|
| Pres | Fredric B. Burns | 6129 S.W. 70th Street 2nd Floor | S. Miami, FL 33143 |
| Sec/Treas | Amado Cantillo | 11253 NW 59th Street | Miami, FL 33178 |
| | | | 100002294741- - 9 -09/16/97--01078--014 ***1636.25 ***1636.25 |
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REINSTATEMENT

8. Name and Address of Current Registered Agent

Andrew H. Drucker
11900 Biscayne Boulevard, #604
North Miami, FL 33181

9. Name and Address of New Registered Agent

Name
Andrew H. Drucker
Street Address (P.O. Box Number is Not Acceptable)
11900 Biscayne Blvd, Suite 604
Suite, Apt. #, Etc.
City
North Miami
State
FL
Zip Code
33181

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

Andrew H. Drucker
REGISTERED AGENT MUST SIGN

Date 8/27/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ 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:

Fredric B. Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FREDRIC B. BURNS

9/11/97
Date

(305) 661-1058
Daytime Phone #

CP2E040 (12/96)

2

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

| | | | |
|---|---|---|---|
| Please type or print clearly. | 1 Name of applicant (Legal name) (See instructions.) RECUPERATED RESOURCES, INC. | | |
| | 2 Trade name of business, if different from name in line 1 same as above | | 3 Executor, trustee, "care of" name |
| | 4a Mailing address (street address) (room, apt., or suite no.) 6129 S.W. 70 Street, 2nd Floor | | 5a Business address, if different from address in lines 4a and 4b |
| | 4b City, state, and ZIP code South Miami, FL 33143 | | 5b City, state, and ZIP code |
| | 6 County and state where principal business is located Dade County, Florida | | |
| | 7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ Fredric B. Burns SSN: 266-62-6264 | | |
| | 8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole Proprietor (SSN) _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Other nonprofit organization (specify) _____ (enter GEN if applicable) <input checked="" type="checkbox"/> Other (specify) ▶ The corporation is a for profit entity engaged in all lawful business except insurance, banking, public transportation or railroad. <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator-SSN _____ <input type="checkbox"/> Other corporation (specify) _____ <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization | | |
| 8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ Florida Florida Foreign country railroad. | | | |
| 9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ▶ _____ <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ | | | |
| 10 Date business started or acquired (Mo., day, year) (See instructions.) December 5, 1990 | | 11 Enter closing month of accounting year. (See instructions.) December | |
| 12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ N/A | | | |
| 13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶ Nonagricultural Agricultural Household | | | |
| 14 Principal activity (See instructions.) ▶ All lawful business except insurance, banking, public transportation or railroad | | | |
| 15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶ | | | |
| 16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A | | | |
| 17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c. | | | |
| 17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. Legal name ▶ Trade name ▶ | | | |
| 17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN | | | |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code) | | | |
| Name and title (Please type or print clearly.) ▶ ANDREW H. DRUCKER, Reg. Asst (305) 893-2080 | | | |
| Signature ▶ Andrew H. Drucker Date ▶ 9-11-97 | | | |
| Note: Do not write below this line. For official use only. | | | |
| Please leave blank ▶ Geo. Ind. Class Size Reason for applying | | | |