

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

181-2

**APPLICATION  
FOR  
REINSTATEMENT**

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

**FILED**

98 NOV 12 AM 11:30

Read Instructions on Other Side Before Making Entries  
**Make Check Payable To: Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT #**

S19040

Dade County Recycling, Inc.  
1090 Kane Concourse  
Suite 202  
Bay Harbor Island, Florida 33154

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address  
8505 N.W. 74 Street

City and State  
Miami, Florida 33166

3. If Principle Office Address is different from mailing address, enter address below:

Address  
8505 N.W. 74 Street

City and State  
Miami, Florida 33166

**REINSTATEMENT**

95-98

4. Date Incorporated or Qualified  
To Do Business in Florida  
10/12/1990

5. FEI Number  
65-0274144

FEI Number Applied For  
FEI Number Not Applicable

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

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
D/P/			
CEO	Donald Engle	8505 N.W. 74 Street	Miami, Florida 33166
CFO/S	Brad Hacker	8505 N.W. 74 Street	Miami, Florida 33166

600002685666--U

**REGISTERED AGENT INFORMATION**

8 Name and Address of Current Registered Agent

David M. Lazan  
1090 Kane Concourse  
Suite 202  
Bay Harbor Island, Florida 33154

9. If changed, new registered agent / office

Name  
CORPORATION SERVICE COMPANY

Street Address (Do NOT Use P.O. Box Number)

1201 Hays Street

Street Address (Do NOT Use P.O. Box Number)

City  
Tallahassee

State  
FL.

Zip  
32301

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

*Karen B. Rozar*

REGISTERED AGENT MUST SIGN

Karen B. Rozar, Asst. Sec.  
Corporation Service Company

Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box. ☐

(See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of  
Officer or Director

*Brad Hacker*

Date

11/11/98

Daytime Phone #

305/597-0243

Typed or printed name of signing officer or director

Brad Hacker, Secretary

AD



ACCOUNT NO. : 072100000032

REFERENCE : 029556 4303929

AUTHORIZATION : Patricia Pizito

COST LIMIT : \$ 1200.00

ORDER DATE : November 12, 1998

ORDER TIME : 9:57 AM

ORDER NO. : 029556-010

CUSTOMER NO: 4303929

CUSTOMER: Ms. Sheryl C. Vainstein  
Greenberg Traurig  
1221 Brickell Avenue  
20th Floor  
Miami, FL 33131

RECEIVED  
96 NOV 12 AM 10:37  
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: DADE COUNTY RECYCLING, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX (2) PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS \_\_\_\_\_