

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

REINSTATEMENT 95-98

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
Zip Code: 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
Zip Code: 33166

4. Date Incorporated or Qualified To Do Business in Florida: 10/12/1990
5. FEI Number: 65-0274144
6. FEI Number Applied For: \$8.75 Additional Fee required for a Certificate of Status
7. FEI Number Not Applicable: 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

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



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ACCOUNT NO. : 072100000032
REFERENCE : 029556 4303929
AUTHORIZATION : Patricia Pizit
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 _____