

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -9 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500020693705
06/09/03--01097--003 **908.75

REINSTATEMENT 02-03

DOCUMENT # V 12171

1. Corporation Name

All Around Recycling, Inc

2. Principal Office Address

5615 E. Powhattan Ave

Suite, Apt. #, etc.

3. Mailing Office Address

5615 E. Powhattan Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33610

Country

Hillsborough

Zip

33610

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1992

5. FEI Number

59-3110130

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alfredo Forgione

Street Address (P.O. Box Number is Not Acceptable)

5615 E. Powhattan Ave.

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33610

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

A. Forgione

REGISTERED AGENT MUST SIGN

Date April 1, 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P+D	Alfredo Forgione	5615 E. Powhattan Ave	Tampa, FL 33610

10. 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:

A. Forgione

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 1, 2003

Date

Daytime Phone #

813-630-4667

9/6/10

CR2E081 (10/02)