

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 DEC 21 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000085130

1. Corporation Name

Eagle Recycling Systems, Inc.

000163831270
12/21/09--01045--011 **308.75

CR2E081 (11/09)

08-09

2. Principal Office Address - No P.O. Box #

400 Beach Road

Suite, Apt. #, etc.

#701

City & State

Jupiter, FL

Zip

33469

Country

USA

3. Mailing Office Address

4711 Dell Avenue

Suite, Apt. #, etc.

City & State

North Bergen, NJ

Zip

07047

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 08/05/2003

5. FEI Number

54-2132159

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

Nicholas Marangi

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

400 Beach Road

Suite, Apt. #, Etc.

#701

City

Jupiter

State

FL

Zip Code

33469

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

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	Nicholas Marangi	400 Beach Rd #701	Jupiter, FL 33469

10. E-mail Address:

NM@EAGLE.NJ.NET

(To be used for future annual report notification)

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. I further certify, 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:

Nicholas F. Marangi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 18, 2009

Date

Daytime Phone #

12/22/09