P	LEAS	E READ	ALL II	NSTRUC	TIONS B	SEFORE C	OMPLETING	THIS FORM.

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FOR		
REINSTATE	MEI	V
DOCUMENT	Γ#	P



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State\_

DIVISION OF CORPORATIONS

97 0000 16722

METRO MIX OF SOUTH FLORIDA, INC.

FILED

98 DEC 17 PM 2:56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal	Place of	Business

Mailing Address

2000 N.W. 110th AVENUE MIAMI, FLORIDA 33172

SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
Now Orlegion Office Address If Applicable	_	_	_	_

 New Mailing Office Address
 SAME AS BLOCK 2 2. New Principal Office Address, if Applicable 2000 N.W. 110th AVENUE

Date Incorporated or Qualified
 To Do Business in Florida
 FEBRUARY 21, 1997

Suite, Apr. 1	#, etc.	, etc.			5	5. FEI Number					For	
City & State City & State						1	65 <del>-</del> 0731652				Not Ap	plicable
MTAMT, FLORTDA  Zip Country Zip			Country			6	-	\$8.75 A				required
33172	U.Ś.A.	·			·	L	CERTIFICAT	E OF STATUS DESI	REDX	or a Cert	ificate of	Status
7. Names a	and Street Addresses of Each Officer and/o	or Director (Flo	rida nonprof				3 directors)		*	· ·		
Title(s)	Name of Officers and/or Directors 2	<del></del>	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N				nbers)	4	City / State / Zip			
D/T	MARTIN OZINGA, III	12621 WEST BADLEY ROAD					LOCKPORT, ILLINOIS 60441					
D/S	RICHARD K. OZINGA	14319 BLUE SPRUCE COURT					ORLAND PARK, ILLINOIS 60462					
D	JAMES A. OZINGĄ	8139 ELIZABETH AVENUE			E	ORLAND PARK, ILLINOI				OIS 60	0462	
D/P JOSE F. DIAZ				3425 S.W. 128th AVENUE				MIAMI, FLORIDA 33175				
		\$70					30002714402					
	8. Name and Address of Current R	egistered Age	nt	•	Name and Address of New Registered Agent							
T *****		Name SAME AS BLOCK 8										
	DOCUMENT SERVICES, IN	C.		}	Street Address (P.O. Box Number is Not Acceptable)							
3953 W.W. KEILLEY ROAD TALLAHASSEE, FLORIDA 32311 Suite. Apt. #. Etc.												
	THORIDA JESTI		)	Suite, Apt. #, Etc.				Į'				
				City State <b>FL</b>			Zip Co	ode				
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 A	Agent Sin James	/						Date	2/15/	18		
	AEC PREC	SISTERED AG	ENT MUST	SIGN			<u> </u>					

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes X

(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 filling 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:

SIGNATURE AND TYPED OR PRINT RICHARD K. OZINGA GNING OFFICER OR DIRECTOR 1998 (708) 403-1200

## ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER:	FCA000000005
REFERENCE:	1375158-1
DATE:	127/
REQUESTOR NAME:	LEXIS
ADDRESS:	
TELEPHONE: (_ CONTACT NAME:	) () ext ()
CORPORATION NAME:	Metro Mix of South Plorida, Inc.
DOCUMENT NUMBER: _ (if applicable)	P97-16722
AUTHORIZATION:	C. Woodyard
CERTIFIED CON CERTIFICATE C PLAIN STAMPED	F STATUS (1-9)
( ) Call When Rea ( ) Walk In ( ) Mail Out	dy ( ) Call if Problem ( ) After 4:30 ( ) Will Wait ( ) Pick Up