

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -9 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 175517

1. Corporation Name

INDUSTRIAL SERVICES OF AMERICA, INC.

2. Principal Office Address

17100 Grade Lane

Suite, Apt. #, etc.

P.O. Box 32428

City & State

Louisville, KY

Zip

40232

Country

3. Mailing Office Address

P.O. Box 32428

Suite, Apt. #, etc.

City & State

Louisville, KY

Zip

40232

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/1953

5. FEI Number

59-0712746

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

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Susan J. Metzger
Assistant Secretary
REGISTERED AGENT MUST SIGN

Date 3-3-04

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
C, CEO	Harry Kletter	1208 Park Hills Court	Louisville, KY 40207
T, CFO	Alan Schroering	7744 Four Leaf Drive	Greenville, IN 47124
D	Bob Cuzzort	2821 Creedmoor Lane	Albany, GA 31721
D	Roman Epelbaum	12610 Harmony Landing Rd	Goshen, KY 40026
D	David W. Lester	7503 Pine Knoll Circle	Prospect, KY 40059
D	James E. Vining	8600 Herefordshire Drive	Louisville, KY 40222

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)(f), 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04 602 214 3710
Date Daytime Phone #

CR2E081 (3/7/04)