

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 508302

1. Corporation Name

CSI CONTAINER SYSTEMS, INC.

Principal Place of Business

5512 SW 35TH WAY
GAINESVILLE FL 32601
US

Mailing Address

PO BOX 140278
GAINESVILLE FL 32614

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~4700 SW ARCHER RD~~
Suite, Apt. #, etc.
G 52

City & State
GAINESVILLE, FL

Zip
32607

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/1976

5. FEI Number

59-1684777

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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 | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| P | BUTTS, RALPH E. JR. | 5512 SW 35TH WAY 4700 SW ARCHER RD # G52 | GAINESVILLE FL 32601 |
| | | | |
| | | | |
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| | | | |
| | | | |

500008507305
10/22/02--01033--002 **158.75

8. Name and Address of Current Registered Agent

BUTTS, RALPH JR
~~5512 SW 35TH WAY~~
GAINESVILLE FL 32601

9. Name and Address of New Registered Agent

Name

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

4700 SW ARCHER RD

Suite, Apt. #, Etc.

G 52

City

GAINESVILLE

State

FL

Zip Code

32607

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. or 617.0505, F.S.

Signature of
Registered Agent

Ralph Butts REGISTERED AGENT MUST SIGN

Date

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 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:

Ralph Butts REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

C.S.I. CONTAINER SYSTEMS, INC.
PO BOX 140278
GAINESVILLE, FLORIDA 32614

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

October 21, 2002

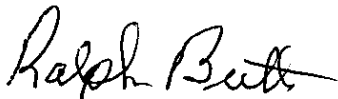
Please find enclosed the form for reinstatement for C.S.I. Container Systems, Inc. along with a check in the amount of \$158.75. We did not receive the original report or other notices concerning the annual report specified in this dissolution notice.

We request that the penalties for late filing be waived.

We would also like to request a certificate of status.

Thank you for your attention in this matter.

Sincerely,



Ralph Butts, President