

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 628337

1. Corporation Name

COLE INDUSTRIAL SERVICES, INCORPORATED

Principal Place of Business
1770 SW 13 CT
POMPANO BEACH FL 33069
US

Mailing Address
1770 SE 13 CT
POMPANO BEACH FL 33069
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2002646

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
ST	PISZ, YVONNE	6701 NW 34TH AVE	FT. LAUDERDALE FL
P	PISZ, JOHN C.	6701 NW 24TH AVE	FT. LAUDERDALE FL
VP	RUNGE, PHILLIP	3670 NW 114 AVENUE	CORAL SPRINGS FL
	VOID THIS NAME, NO LONGER WITH COMPANY		

A. Alami
9-20-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PISZ, JOHN C.
6701 NW 34TH AVE
FT. LAUDERDALE FL 33309

Name

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

Suite, Apt. #, Etc.

City

800001965028
-10/04/96--01038--030
****225 FL ****225.00

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 Agent

REGISTERED AGENT MUST SIGN

Date

9/18/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. PISZ, PRES.

Date

Daytime Phone #

9/18/96 (954) 781-4794