

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 DEC 26 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000001714**

1. Corporation Name

**SOUTHLAND CONTAINER, INC. OF FLORIDA**

Principal Place of Business

200 NORTH 13TH STREET, SUITE 112  
CORSICANA TX 75110

Mailing Address

200 NORTH 13TH STREET, SUITE 112  
CORSICANA TX 75110

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

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

04/10/1995

5. FEI Number

581156855 **APPLIED FOR**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ 3875 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
PD	SANDERS, JOHN L JR	200 NORTH 13TH STREET, SUITE 112	CORSICANA TX 75110
STD	GEGENHEIMER, LESTER G	200 NORTH 13TH STREET, SUITE 112	CORSICANA TX 75110
VD	BLINCOE, WILLIAM P III	3825 OAKCLIFF ROAD	DORAVILLE GA 30340
V	ZIMMERMAN, GARY	3001 DIRECTORS ROW	ORLANDO FL 32807

**REINSTATEMENT 1996**  
*th. Alaw*

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

**PETER F. SOUZA**  
ASSISTANT SECRETARY

Date

12/23/96

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

Date

Daytime Phone #

11-11-96 9038726026