

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 12 AM 8:00

REINSTATEMENT

03

MRS

DOCUMENT # F96000002826

1. Corporation Name

U.S. PLASTIC LUMBER CORP.

Principal Place of Business

Mailing Address

2300 GLADES ROAD, SUITE 440 WEST
BOCA RATON FL 33431

2300 GLADES ROAD, SUITE 440 WEST
BOCA RATON FL 33431



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

06/06/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

87-0404343

Applied For

City & State

City & State

Not Applicable

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	4 City / State / Zip
CEOP	ALSENTZER, MARK S	2300 GLADES ROAD, SUITE 440 WEST	BOCA RATON FL 33431
S	ROSETTO, BRUCE C	2300 GLADES ROAD, SUITE 440 WEST	BOCA RATON FL 33431
T/S	SCHMIDT, MICHAEL D	2300 GLADES ROAD, SUITE 440 WEST	BOCA RATON FL 33431
D	AUGUST, SCHULTES III, AUGUST	2300 GLADES RD STE 440 WEST	BOCA RATON FL 33431
D	GARY, ZIEGLER, GARY	2300 GLADES RD STE 440	BOCA RATON FL 33431
D	ROGER, ZITRIN, LEUNG, KENNETH	2300 GLADES RD	BOCA RATON FL 33431

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Brian Courtney
Asst. V. Pres.

Date

1/8/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nov. 7, 2003

CR20040 (7/03)