

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 # F96000006242

1. Corporation Name

PLASTIC MANAGEMENT CONSULTANTS, INC.

Principal Place of Business

Mailing Address

2899-3 POWERS AVE.  
JACKSONVILLE FL 32207

~~2899-3 POWERS AVE.~~  
~~JACKSONVILLE FL 32207~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DS	ZULCH, EDWARD	8715 CASTAWAY CT.	ST. AUGUSTINE FL 32092
DP	GARBER, DANIEL	720 SOUTHWEST 31ST ST.	PALM CITY FL 34490
DCEO	GARBER, DENNIS	12241 COYLE RD.	FT. MYERS FL 33905
DCEO	ZANESKI, CHESTER	1697 SAN MARCO RD.	MARCO ISLAND FL 33937
DT	POLLACK, KENNETH	4700 AVONWOOD LANE	CHARLOTTE NC 28270
V	BACON, ROBERT	2899-3 POWERS AVE.	JACKSONVILLE FL 32207

8. Name and Address of Current Registered Agent

ZULCH, EDWARD  
% INDUSTRIAL PLASTICS TECHNOLOGY  
2899-3 POWERS AVE.  
JACKSONVILLE FL 32207

8715 Castaway Ct  
St Augustine, FL  
32092

9. Name and Address of New Registered Agent

Name 100002394141-1  
-01/08/98-01082-002  
Street Address (P.O. Box Number is Not Acceptable) \*\*\*750.00 \*\*\*750.00  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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

Ed Zulch

REGISTERED AGENT MUST SIGN

Date

12/2/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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 PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/97

410-381-0800

Date

Daytime Phone #

FILED

98 JAN -5 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

12/02/1996

5. FLE Number

58-3411246

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR25040 (8/97)