

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002522

1. Corporation Name

**FLORIDA RECYCLING SERVICES OF DELAWARE, INC.**

800023959398  
10/21/03--01010--033 \*\*750.00

REINSTATEMENT 03

2. Principal Office Address

1099 Miller Drive

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip Country

32701

USA

3. Mailing Office Address

1099 Miller Drive

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip Country

32701

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/97

5. FEI Number

650735186

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**7. Name and Address of Current Registered Agent**

Name

Vihlen & Sills, P.A., Attn: Sidney L. Vihlen, III, President

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

1173 Spring Centre South Blvd.

Suite, Apt. #, Etc.

Suite C

City

Altamonte Springs.

State

FL

Zip Code

32714

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/C/D	Ward, Frank Sr.	2401 South Laflin Street	Chicago, IL 60608
V/D	Ward, Frank Jr.	2401 South Laflin Street	Chicago, IL 60608
T/S	Ward, George	2401 South Laflin Street	Chicago, IL 60608

10. 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

Frank Ward, Jr., VP

10/16/03

Date

(407) 831-1539

Daytime Phone #