

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 30 AM 11:06

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 539104

1. Corporation Name

IFCO SYSTEMS GEORGIA, INC.

2. Principal Office Address

6829 FLINTLOCK ROAD

3. Mailing Office Address

6829 FLINTLOCK ROAD

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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City & State

HOUSTON, TEXAS

City & State

HOUSTON, TEXAS

Zip

77040

Country

USA

Zip

77040

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

OCTOBER 23, 1986

5. FEI Number

59-2854834

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02

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

Name

CAPITOL CORPORATE SERVICES, INC.

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

1333 NORTH DUVAL STREET 100010138941  
01/15/03--01086--021 \*\*758.75

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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

Gayle Windle, asst. sec.

REGISTERED AGENT MUST SIGN

Date DECEMBER, 2002

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
PRES	GAYLE DALICANDRO	2300 W. 13TH ST	CHICAGO, IL 60608
VP	MIKE HACHTMAN	6829 FLINTLOCK ROAD	HOUSTON, TX 77040
DIR	GAYLE DALICANDRO	2300 W. 13TH ST.	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:

Gayle Dalicandro  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GAYLE DALICANDRO

12/26/02

Date

312-829-3838 X669

Daytime Phone #

CR2E001 (9/01)