

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. --		Suite, Apt. #, etc. --	
City & State HOUSTON, TEXAS		City & State HOUSTON, TEXAS	
Zip 77040	Country USA	Zip 77040	Country USA

**REINSTATEMENT** *02*

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 <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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. Date DECEMBER, 2002

REGISTERED AGENT MUST SIGN

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 GAYLE DALICANDRO 12/26/02 312-829-3838 X669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (\$6.01)