

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -8 AM 10:29

CR2E041 (1/07)

DOCUMENT # L02000005308

1. Limited Liability Company's Name

RCT CONTAINER LEASING, LLC

2. Principal Office Address - No P.O. Box #

13846 ATLANTIC BLVD

Suite, Apt. #, etc.

#905

City & State

JACKSONVILLE, FL

Zip

32225

Country

DUVAL

3. Mailing Office Address

13846 ATLANTIC BLVD

Suite, Apt. #, etc.

#905

City & State

JACKSONVILLE, FL

Zip

32225

Country

DUVAL

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

03/06/2002

6. FEI Number

383646995

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MICHAEL D. SHEA

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

13846 ATLANTIC BLVD

Suite, Apt. #, Etc.

#905

City

JACKSONVILLE

State

FL

Zip Code

32225

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Michael D. Shea

Date 02/03/2007

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MICHAEL D. SHEA	13846 ATLANTIC BLVD, #905	JACKSONVILLE, FL 32225
MGR	PAUL ROBBINS	1505 DENNIS STREET	JACKSONVILLE, FL 32204
MGR	PRAKASH W. SHAHANI	10 OLD MINE ROAD	LEBANON, NJ 08833
MGR	GERARD C. VINCE II	353 PARSONAGE ROAD	EDISON, NJ 08816
MGR	STEVE KEHRER	3461 BROKEN ARROW DR	EL PASO, TX 79936
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Michael D. Shea

Date 02/03/2007

Daytime Phone # 904-220-4527

Typed or printed name of signing Managing Member/Manager

MICHAEL D. SHEA