

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
01 NOV -9 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11124

1. Corporation Name

WHITE MOP WRINGER COMPANY

Principal Place of Business

10702 N. 46TH ST
P.O. BOX 16647
TAMPA FL 33687
US

Mailing Address

10702 N. 46TH ST
P.O. BOX 16647
TAMPA FL 33687
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1986

5. FEI Number

14-1620611

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

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 3	City / State / Zip 4
VTS	HALLUSKA, THOMAS	18807 CLEAR LAKE DR. 13020 SANCTUARY COVE DRIVE #1718	FL TEMPLE TERRACE FL 33637
D	CALLAHAN, PATRICK	200 W. MADISON ST	CHICAGO IL
VP	BAKER, JEFFREY J.	48 JENNIFER RD. 28 Longcreek Drive	GLENVILLE NY Burnt Hills NY 12027
VP	SCHNEIDER, ROBERT	28 LONG CREEK DR. 3021 Fair Oaks Ave	BURNT HILLS NY 12027 Tampa FL 33611
VP	EUKOVICH, ROBERT	2632 BRIDLE DR	PLANT CITY FL 33567
			800004703678--7 -12/04/01--01031--011

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent * 758.75

Name: Thomas R. Halluska
Street Address (P.O. Box Number is Not Acceptable): 13020 Sanctuary Cove Dr. #1718
Suite, Apt. #, Etc.:
City: Temple Terrace State: FL Zip Code: 33637

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

Thomas R. Halluska
REGISTERED AGENT MUST SIGN

Date

11/5/2001

11. 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:

Thomas R. Halluska
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/2001 (93)971-2223
Daytime Phone # X202

CR2040 (8/01)