

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 MAR -2 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P25307**

1. Corporation Name

Inland Waters Pollution Control, Inc.

2. Principal Office Address - No P.O. Box #  
4086 Michigan Ave

3. Mailing Office Address  
4086 Michigan Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Detroit, MI

City & State  
Detroit, MI

Zip  
48210

Country  
USA

Zip  
48210

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 07/25/1989

5. FEI Number  
382024780

Applied For  
Not Applicable

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

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

Name  
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City  
PLANTATION

State  
FL

Zip Code  
33324

☐ The 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 reinstatement  
fee be waived.

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

*Kristine Heiberger*

Kristine Heiberger  
Assistant Secretary

Date 2/25/2009

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
P	Joseph A Cutillo	4086 Michigan Ave	Detroit, MI 48210
V	Dennis Oszust	4086 Michigan Ave	Detroit, MI 48210
V	Allan Jedneak	4086 Michigan Ave	Detroit, MI 48210
CFO/S	Thomas F Morse	4086 Michigan Ave	Detroit, MI 48210
S	Steven LaBarre (Assistant Secretary)	4086 Michigan Ave	Detroit, MI 48210
V/M	David Schopp	4085 Michigan Ave	Detroit, MI 48210

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 contained in Chapter 119, 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:

*Dennis Oszust*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/09 313 899-3014  
Date Daytime Phone # 243

3/2aw