

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 JUN 24 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000053734

1. Corporation Name

Phillips Roll Off Containers, Inc.  
369 Plaza Drive  
Atlantic Beach, Fl. 32233

400006041044--2  
-06/26/02--01047--009  
\*\*\*1085.00 \*\*\*1085.00

2. Principal Office Address

369 Plaza Drive

3. Mailing Office Address

369 Plaza Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlantic Beach, Fl.

City & State

Atlantic Beach, Fl.

Zip 32233

Country USA

Zip 32233

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7/21/93

5. FEI Number

59-3200272

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 **Michael D. Phillips**

Street Address (P.O. Box Number is Not Acceptable)  
**369 Plaza Drive**

Suite, Apt. #, Etc.

City **Atlantic Beach**

State  
**FL**

Zip Code  
**32233**

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

*Michael D. Phillips*  
REGISTERED AGENT MUST SIGN

Date **6/16/02**

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
D, P, S, T	Michael D. Phillips	369 Plaza Drive	Atlantic Beach, Fl. 32233

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:

*Michael D. Phillips*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6/16/02 (904) 246-1500**

CR2E081 (9/01)

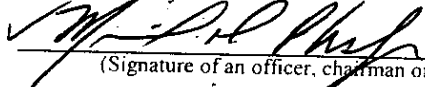
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. **Phillips Roll Off Containers, Inc.**

1. The name of the corporation : \_\_\_\_\_
2. The mailing address of the corporation : 369 Plaza Drive, Atlantic Beach, Fl. 32233
3. Date of incorporation/qualification: 7-21-93 -- Document-number: P93000053734
4. The name and address of the current registered agent and office:  
William R. Blackard, Jr.  
2468 Atlanta Boulevard  
Jacksonville, Fl.
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)  
Michael D. Phillips  
369 Plaza Drive  
Atlantic Bch, Fl. 32233

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

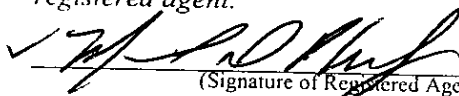
 Chairman  
(Signature of an officer, chairman or vice chairman of the board)

6/14/02  
(Date)

Michael D. Phillips

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

  
(Signature of Registered Agent)

6/14/02  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*