

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 DEC 10 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P93 0000 82632

1. Corporation Name

HF Container, Inc.

2. Principal Office Address

P.O. Box 43625

3. Mailing Office Address

P.O. Box 43625

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30336

Country

USA

Zip

30336

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida 12/03/93

5. FEI Number  
65-0453983

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

CT Corporation System

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

1200 Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

*J. M. Halpin*

**James M. Halpin**  
**Assistant Secretary**

REGISTERED AGENT MUST SIGN

Date

12/7/01

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/D	Douglas A. Johnston	P.O. Box 43625; 55 Enterprise Blvd.	Atlanta, GA 3033
AS/D	David O. Hawkins	10 South Wacker Drive; Suite 3175	Chicago, IL 606
T/S	Joseph Bricker	P.O. Box 43625; 55 Enterprise Blvd.	Atlanta, GA 3033

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:

*D. O. Hawkins*

David O. Hawkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/07/01

312-876-0411