

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000004006

1. Corporation Name

FULL CYCLE PLASTIC, INC.

Principal Place of Business
5615 EAST POWHATAN AVE.
TAMPA FL 33610

Mailing Address
5615 EAST POWHATAN AVE.
TAMPA FL 33610

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

01/12/1996

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	TIFER, VICENT A	3423 FOREST BRIDGE CIRCLE	BRANDON FL 33511
D.P.S	TIFER, ROBERT Thornton	3307 ROGERS AVE.	TAMPA FL 33611
D	WILSON, JAMES T	5105 TWINCREEKS DR.	VALRICO FL 33594
D	POST, GARY F	8131 EDISON ROAD	LITHIA FL 33547
D	MORGAN, CHARLES F	11233 BLOOMINGTON AVE.	TAMPA FL 33635
D.T	Hancock, Jeana V.	2708 Durant Rd.	Valrico, FL 33594

8. Name and Address of Current Registered Agent

STULL, R. JEFFREY
602 SOUTH BLVD.
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name Jeana V. Hancock
Street Address (P.O. Box Number is Not Acceptable) 5615 E. Powhatan Ave.
Suite, Apt. #, Etc.
City Tampa State FL Zip Code 33610

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

REGISTERED AGENT MUST SIGN

Date 3-31-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Jeana V. Hancock Jeana V. Hancock

Date

Daytime Phone #

3-31-98 (813) 626-1144

CR2ED40 (8/97)

FILED

98 APR 23 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

97-98