

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97 00000 9995

1. Corporation Name

CONTAINMENT SERVICES INC.

2. Principal Office Address

4208 CLUBSIDE DR

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32750

Country

USA

3. Mailing Office Address

4208 CLUBSIDE DR

Suite, Apt. #, etc.

City & State

LONGWOOD FL

Zip

32750

Country

USA

FILED

03 FEB 21 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 0203

700013718177

03/10/03--01006--027 \*\*900.00

4. Date Incorporated or Qualified  
To Do Business in Florida

4-1-97

5. FEI Number

65-0732193

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

GARY GRANT

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

4208 CLUBSIDE DRIVE

Suite, Apt. #, Etc.

City

LONGWOOD

State  
FL

Zip Code

32779

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

REGISTERED AGENT MUST SIGN

Date 2-20-03

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
V.P.	ROD GRANT	4208 CLUBSIDE DRIVE	LONGWOOD FL 32750
S	LINDA GRANT	4208 CLUBSIDE DR	LONGWOOD FL 32750

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-03

Date

407-312-6549

Daytime Phone #

CR2E081 (10/02)