

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Serge B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 OCT 24 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S88547**

1. Corporation Name

CONTAINER SERVICES INTERNATIONAL, INC.

Principal Place of Business

5190 N.W. 167TH STREET
STE 223
MIAMI FL 33014

Mailing Address

5190 N.W. 167TH STREET
STE 223
MIAMI FL 33014

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8068 N.W. 29TH ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

8068 N.W. 29TH STREET
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1991

5. FEI Number

65-0280365

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	SCHMITT, MARTIN	5190 NW 165TH ST	MIAMI FL
SM	JOSEPH, DENNIS L.	5190 N.W. 167TH ST STE 223	MIAMI FL
			900002000779--6 -11/08/96--01087--023 *****25.00 *****25.00
			REINSTATEMENT 96
			900002000779--6 -11/08/96--01087--024 *****25.00 *****25.00

8. Name and Address of Current Registered Agent

JOSEPH, DENNIS E.
5190 N.W. 167TH STREET
STE 223
MIAMI FL 33014

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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 10-18-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Signature of Joseph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-96
Date

305-577-342
Daytime Phone #