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 #** 

S99629

1. Corporation Name

CONSOURCE PLASTIC RECYCLING CORP.

Principal Place of Business

Malling Address

5815 E. POWHATAN AVE.

5615 E. POWHATAN AVE.

FILED

98 APR 23 PM 2:57

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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INST	ATEN	MENT	97-0	18

TAMPA FL	33610	TAMPA FL 3:	3610		ĭ	TATEMEN	- A [3
If above a	addresses are incorrect in any way, line th	rough incorrect i	information and enter	correction below.	UFILED	11/4 1 (***********************************	· · · · · · · · · · · · · · · · · · ·
			3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida 12/11/1991		
Sulte, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. FEI Number	r	Applied For
City & State		City & State				59-3149717	Not Applicable
Zip	Country	Zip	Country	у	6. CERTIFICATI	E OF STATUS DESIRED 👿	\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer and	or Director (Flo	orida nonprofit corpora	tions must list at le	east 3 directors)		· · · · · · · · · · · · · · · · · · ·
Name of Officers and/or Directors		Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		or	4 City / State / Zip		
-DP			3423 FOREST BRIDGE CIR			BRANDON FL-	97398
762 -048-	·		3307 ROGERS AVENUE			TAMPA FL	910-1
СТО	PENDLETON, S A		2163 WATERSIDE DR		0	CLEARWATER FL	<b> 2</b> 300===3
D	D Hancock, Jeana V.		2708 Durant Rd.			Valvico	01010 011
7	D Schrecker, Edward						FL 34641
D	Heckman David  8. Name and Address of Current Registered Agent			<del></del> _	0. No.	TI	
STULL, R JEFFREY STULL & BARBER, PA 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)  Suite, Apt. #, Etc.  City  Jampa  State Zip Code  FL 33L 10				
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 Date 3.31.98  11. This corporation owes or has paid the current year See other side for information							
	angible Personal Proper			Yes	No 🗷		ntangible tax.)
this rein	that I am an officer or director or the rece statement application, the reason for diss y the corporation have been paid and the	olution has been	eliminated, the corpo	rate name satisfie	s the requirements	of section 607.0401 or 61	7.0401, F.S., that all fees

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATUR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date