PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 APR -1 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07573

1. Corporation Name
INDUSTRY SERVICES CO., INC.

REINSTATEMENT 01-09

400148288224
04/01/09--01002--007 **1350.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5550 TODD ACRES DR.		P.O. BOX 190667	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MOBILE, AL		MOBILE, AL	
Zip	Country	Zip	Country
36619	USA	36619	USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/30/85

5. FEI Number: 72-1040205 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT CORPORATION
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND RD.
Suite, Apt. #, Etc.:
City: PLANTATION | State: FL | Zip Code: 33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Barbara A Burke — Barbara A. Burke Special ~~Assistant Secretary~~ — Date: 33009
REGISTERED AGENT MUST SIGN

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
PRES	SHAWN M. HUNTER	5550 TODD ACRES DR.	MOBILE, AL 36619
V.P.	GRANT HUNTER	5550 TODD ACRES DR.	MOBILE, AL 36619

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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: Shawn Hunter — 3/30/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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