

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 SEP 23 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 426002

1. Corporation Name

PORTER PLASTICS, INC.

Principal Place of Business

Mailing Address

**7167 Kings Road
Jacksonville, FL 32219**

REINSTATEMENT 90-99

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida **5-17-1973**

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-1458087

Applied For
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSD	Ernest A. Porter	7167 Kings Road	Jacksonville, FL 32219
VP	Mark A. Porter	7167 Kings Road	Jacksonville, FL 32219
500003000535-4 -09/29/99-01062--001 ***1922.50 ***1922.50			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Ernest A. Porter
7167 Kings Road
Jacksonville, FL 32219**

Name **Arthur I. Jacobs, Esquire**
Street Address (P.O. Box Number is Not Acceptable) **401 Centre Street**
Suite, Apt. #, Etc. **2nd Floor**
City **Fernandina Beach** State **FL** Zip Code **32034**

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 *Arthur I. Jacobs*
Arthur I. Jacobs
REGISTERED AGENT MUST SIGN

Date **September 22, 1999**

11. This corporation owes 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: *Mark A. Porter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-22-99
Date Daytime Phone #

CR2E081 (12-98)