PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

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

FILED
03 JUN 11 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-03 us

DOCUMENT # J99347

1. Corporation Name

Octofoil Group, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
5025 West Lemon Street		5025 West Lemon Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Tampa, FL		Tampa, FL	
Zip: 33609	Country: Hillsborough	Zip: 33609	Country: Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3396450 ☐ 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: Michael R. Carey

Street Address (P.O. Box Number is Not Acceptable): 712 South Oregon Avenue

Suite, Apt. #, Etc.:

City: Tampa, State: FL Zip Code: 33606-2543

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: Michael R. Carey
REGISTERED AGENT MUST SIGN

Date: May 29, 2003

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
P/D	John Stanton	5025 W. Lemon Street	Tampa, FL 33609
			300020791573

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: _____ May 29, 2003 831-621-4641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John Stanton, President

CORPORATION SERVICE COMPANY™

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : ~~115462~~ 10820A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 308.75

ORDER DATE : June 2, 2003

ORDER TIME : 10:37 AM

ORDER NO. : 115462-005

CUSTOMER NO: 10820A

CUSTOMER: Nancy Barnes, Office Manager
Carey O'malley Whitaker &
712 South Oregon Avenue

Tampa, FL 33606

RECEIVED
03 JUN 11 PM 2:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

please waive penalty fees - UBR's not delivered

NAME: OCTOFOIL GROUP, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS