

FILED

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LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # MD6000003594					
1. Limited Liability Company's Name Bluegrass Multiwall Bag Company, LLC					
2. Principal Office Address - No P.O. Box # 1500 Nicholas Blvd.		3. Mailing Office Address 301 Commerce St.		4. State/Country of Formation Delaware	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida May 30, 2006	
City & State Elk Grove Village, IL		City & State Fort Worth, TX		6. FEI Number 205002609	
Zip 60007	Country	Zip 76102	Country	Applied For Not Applicable	
7. Name and Address of Current Registered Agent				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
Name CT Corporation System				<input type="checkbox"/> A \$100 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 \$100 reinstatement be waived.	
Street Address (P.O. Box Number is Not Acceptable) 120 South Pine Island Rd.					
City Plantation					
State FL					
8. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.				Date 1/15/08	
Signature of Registered Agent		Sandra Ortega Assistant Secretary		Date	
9. Name and Street Address of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
Pres	George Bayly	1500 Nicholas Blvd.		Elk Grove Village, IL 60007	
VP	Edward Byczynski	(same as above)			
VP	Clive Bode	(same as above)			
Sec	Timothy Davisson	(same as above)			
REINSTATEMENT 2007-2008					
11. I certify that I am managing member/manager or the member or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S. and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager		By: Timothy Davisson		Date 1-14-07 Daytime Phone # 630-260-3601	
Typed or printed name of signing Managing Member/Manager		Attivity Packaging, LLC			

FL18 - 1/1/07 CT System Online

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

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