

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N96000000195

1. Corporation Name

FLORIDA PULP AND PAPER ASSOCIATION - GOVERNMENT
AL AFFAIRS, INC.

Principal Place of Business

Mailing Address

210 SOUTH MONROE STREET
TALLAHASSEE FL 32301

210 SOUTH MONROE STREET
TALLAHASSEE FL 32301

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1996

5. FEI Number

59-2806672

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1.	2.	3.	4.
D	SHACKLEY, SUZANNE	PO BOX 87 N/A	CANTONMENT FL 32533 ***236.25
D	WILLIAMS, # BOB	POST OFFICE BOX 180 N/A 26009	JACKSONVILLE FL 32201 322.26-6009
D	HOOD, CHARLES H	P.O. BOX 105805 N/A	ATLANTA GA
D	SIMMONS, H D	AT 3, BOX 200 N/A One Buckeye Drive	BUCKEYE FL PERRY, FL 32347
D	MANN, JIM	P.O. BOX 2560 N/A	PANAMA CITY FL
M	PARROTT, JOSPEH R	5825 GLENRIDGE DR BLDG 3 STE 101	ATLANTA GA 30328

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FEARINGTON, MERCER
210 SOUTH MONROE STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/29/2000

11. 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:

[Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE