

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000000040

1. Corporation Name

WRAP PACK INC.

Principal Place of Business

200 WEST MADISON STREET, SUITE 2710
CHICAGO IL 60606

Mailing Address

200 WEST MADISON STREET, SUITE 2710
CHICAGO IL 60606

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

c/o Alexis Cooper
Suite, Apt. #, etc.
1055 Wacker Drive, Ste. 4000

City & State
Chicago, IL

Zip
60606

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/2001

5. FEI Number

36-4404324

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO DC	GLASTRIS, WILLIAM V JR.	200 WEST MADISON STREET, SUITE 2	CHICAGO IL 60606
VST DVST	MAURER, ERIK E JR.	200 WEST MADISON STREET, SUITE 2	CHICAGO IL 60606
AS	PECK, S. MICHAEL	10 SOUTH WACKER DRIVE, SUITE 390	CHICAGO IL 60606
AS	ARORA, MONICA	10 SOUTH WACKER DRIVE, SUITE 400	CHICAGO IL 60606
P	M.S. Altmayer	1728 Presson Place	Yakima, WA 98903
AS	Wendy Aguilar	1728 Presson Place	Yakima, WA 98903

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

800008890658

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

REGISTERED AGENT MUST SIGN

Date 11/8/02

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:

Michael Reck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Reck, Assistant Secretary 10/9/02

Daytime Phone #

ATTACHMENT TO
APPLICATION FOR REINSTATEMENT
FOR
WRAP PACK, INC.

OFFICE
AS

NAME
Andrea Altmayer

ADDRESS
1728 Presson Place
Yakima, WA 98903

Wrap Pack Inc.

200 West Madison St.
Suite. 2710
Chicago, IL 60606

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Application for Reinstatement for Wrap Pack Inc.

Gentlemen:

We recently received the Notice of Administrative Dissolution or Revocation for Wrap Pack, Inc. However, we have no record that the two prior uniform business reports (UBRs) were received by our office, therefore, we request that you waive the reinstatement fee.

Sincerely,

A handwritten signature in black ink, appearing to read 'E. Maurer', followed by a long horizontal flourish.

Erik E. Maurer
Vice President



ACCOUNT NO. : 072100000032

REFERENCE : 811655 4320611

AUTHORIZATION :

Patricia Piggott

COST LIMIT : \$ 150.00

ORDER DATE : November 7, 2002

ORDER TIME : 10:18 AM

ORDER NO. : 811655-005

CUSTOMER NO: 4320611

CUSTOMER: Ms. Elizabeth Hackett
Alzheimer & Gray
10 South Wacker Drive
Suite 4000
Chicago, IL 60606

REINSTATEMENT

NAME: WRAP PACK INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

NOTES: SEE CLIENT LETTER ATTACHED

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
02 NOV -8 AM 11:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA