

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 809303

1. Corporation Name

BRUNSWICK PULP & PAPER COMPANY

Principal Place of Business

Mailing Address

133 PEACHTREE STREET NE
P.O. BOX 105805
ATLANTA GA 30348-2605

133 PEACHTREE STREET NE
P.O. BOX 105805
ATLANTA GA 30348-2605

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

04/21/1953

5. FEI Number

58-0175120

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
AS	BREWER, CORNELIA B. Kimberly Dyslin Rountree	133 PEACHTREE STREET NE	ATLANTA GA
VP	FLEINER, DAVID R. W. Wesley Jones	133 PEACHTREE STREET NE	ATLANTA GA
VP	KENNEDY, CLINT M.	133 PEACHTREE STREET NE	ATLANTA GA
S	KHOURY, KENNETH F.	133 PEACHTREE STREET NE	ATLANTA GA
D	BABIN, W. E. A. D. Correll	133 PEACHTREE STREET NE	ATLANTA GA
D	MCGOVERN, JOHN F	133 PEACHTREE ST, N.E.	ATLANTA GA

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is not acceptable) 724749-4
Suite, Apt. #, Etc. -12/29/98-01044-013
City State Zip Code
JENNIFER F FAULTMAN
FL

10. I, being appointed the registered agent of the above named corporation, do hereby certify that the information provided is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 12-10-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: Kenneth F. Khoury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/98 404-652-4130
Date Daytime Phone #

FILED

98 DEC 22 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2ED040 (9/98)