

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 817052

1. Corporation Name

TUPPERWARE HOME PARTIES CORPORATION

Principal Place of Business

Mailing Address

14901 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32837
US

P O BOX 2353
ORLANDO FL 32802-2353
US

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

04/11/1962

5. FEI Number

95-2831671

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	
1	2	3	4
P	GOINGS, EV	14901 S ORANGE BLOSSOM TRAIL	ORLANDO FL
AS	LISEC, RICHARD	14901 S ORANGE BLOSSOM TRAIL	ORLANDO FL
AS VSD	ROELK, THOMAS M.	14901 S ORANGE BLOSSOM TRAIL	ORLANDO FL
VP	ROSE, JR. J HAJEK, JOSEF	14901 S ORANGE BLOSSOM TRAIL	ORLANDO FL
VPD	VAN SICKLE, PAUL B MATHUR, PRADEEP	14901 S ORANGE BLOSSOM TRAIL	ORLANDO FL
ASD VSD	DUNLAP, CHARLES L.	14901 S ORANGE BLOSSOM TRAIL	ORLANDO FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

PETER F. SOUZA
ASSISTANT SECRETARY

Date

11/2/01

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A. LISEC

Date

10/29/01 407-846-5050

Daytime Phone #

FILED

01 NOV -5 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

