
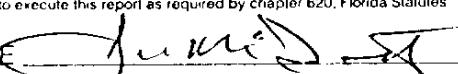


B96000000154

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAY -4 AM 8: 52	
DOCUMENT # B96000000154					
1. Name of Limited Partnership Box USA OF FLORIDA, LIMITED PARTNERSHIP					
2. Mailing Address 8291 FORSHEE DRIVE Suite, Apt. #, etc. UNIT 1 City & State JACKSONVILLE, FL 32219 Zip Country		3. Principal Office Address 999 PEACHTREE STREET Suite, Apt. #, etc. SUITE 2300 City & State ATLANTA, GA 30309 Zip Country		4. Date Formed or Registered To Do Business in Florida 5/08/96	
		5. FEI Number 13-3882401		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		7. State or Country of Formation GA	
8a. Capital Contributions as Shown on Record \$ 200,000.00		FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office, beginning with 1992 calendar year. 2.) Supplemental Fee(s) \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s) \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
8b. Amount of Capital Contributions in FLORIDA to date					
9. Name and Address of Current Registered Agent The PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			10. If changed, new registered agent/office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Names of General Partner(s) FOUR M MANUFACTURING GROUP of Georgia, Inc.		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 115 STEVENS AVE		City, State and Zip Code VALHALLA, NY 10595	
		REINSTATEMENT		11a. Registration Document Number F96000002335 6000002871006--3 -05/11/99--01040--018 ***1026.25 ***1026.25	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE 

DATE

4/30/99

Typed or Printed Name of General Partner Signing Form

JAMES M. DERMOTT

Telephone Number

904-285-1300

CRPENC (1/99)