B99000000132

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000081225 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 16 AM 10: 33

04/19/04

RECEIVED
04 APR 16 PM 12: 47
DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP REINSTATEMENT

TYCO PLASTICS LP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$2,052.50

Electronic Filing Menu Corporate Filing Public Access Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 16 AM 10:33

DOCUMENT # B99000000132

1. Name of Limited Partnership
Tyco Plastics LP
REINSTATEMENT 2003-2004

2. Principal Office Address	3. Mailing Office Address
1401 West 94th Street	P.O. Box 8749
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Minneapolis, MN	City & State: Princeton, NJ
Zip: 55431 Country: USA	Zip: 08543-8749 Country: USA

4. Date Formed or Registered To Do Business in Florida: Delaware

5. FEI Number: 52-2134030 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee (optional)

7a. Capital Contributions as shown on Record: 1,652,477.00

7b. Amount of Capital Contributions in FLORIDA to date: 1,652,477.00

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

FEES:
1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 7b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits the 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 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Barbara A Burke BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY DATE 4-15-04

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Sunbelt Holding, Inc I	273 Corporate Drive, Suite 100	Portsmouth, NH 03801	P99000000966

REINSTATEMENT 2003-2004

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

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 Gardner G. Courson DATE 4-15-04

Typed or Printed Name of General Partner Signing Form: Gardner G. Courson, VP of General Partner Telephone Number:

FLR72 - (c)2003 CT System Online

TOTAL P.02