PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 FEB -4 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000002822

1. Corporation Name

PACKARD PRESS, INC.

Principal Place of Business	Mailing Address
1617 J.F.K. BOULEVARD PHILADELPHIA PA 19103	1617 J.F.K. BOULEVARD PHILADELPHIA PA 19103

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: 05/19/2000

5. FEI Number: 23-2628762 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

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-02/27/02--01092--003
****158.75 ****758.75

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
P	WEISS, JOSEPH H	1617 J.F.K. BOULEVARD	PHILADELPHIA PA 19103
S,V,D	~~WHYTE, JACQUELINE~~ ANGSTROM, WAYNE	13449 NW 42nd Ave.	Miami, FL 33054
T,D	~~CANTONE, JOHN~~ CARAUNA, JEANNE	13449 NW 42nd Ave.	Miami, FL 33054
~~CD~~ CEO,D	~~WEISS, JOSEPH H~~ LANGDALE, ANDREW	~~1617 J.F.K. BOULEVARD~~ 21 SONN DR.	~~PHILADELPHIA PA 19103~~ RYE, NY 10580
~~D~~	~~RUTSTEIN, C. LAWRENCE~~	~~1617 J.F.K. BOULEVARD~~	~~PHILADELPHIA PA 19103~~
~~D~~	~~RYAN, JOHN~~	~~1617 J.F.K. BOULEVARD~~	~~PHILADELPHIA PA 19103~~

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~RUTSTEIN, RONNA~~ ~~7000 WEST PALMETTO PARK ROAD, SUITE 501~~ ~~BOCA RATON FL 33433~~	Name: JEANNE CARAUNA Street Address (P.O. Box Number is Not Acceptable): 13449 NW 42nd Avenue Suite, Apt. #, Etc.: City: Miami State: FL Zip Code: 33054

CR2E040 (8/01)

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.

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-02/27/02--01092--004
****150.00 ****150.00

Signature of Registered Agent: Jeanne M Carauna
REGISTERED AGENT MUST SIGN
Date: 1-10-02

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: _____ Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #