2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 DEC 31 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000382

1. Entity Name
RUSKEN PACKAGING, INC.

Principal Place of Business	Mailing Address
64 WALNUT STREET CULLMAN, AL 35055	P.O. BOX 2100 CULLMAN, AL 35056-2100

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. # etc.		Suite, Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 2007

4. FEI Number
63-0776136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name: Corporation Services Co.
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St.
City: Tallahassee FL Zip Code: 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: 12/28/07

FILE NOW!!! FEE IS $750.00
After January 1, 2008, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD RUSK, GREG 64 WALNUT STREET, N.W. CULLMAN, AL 35055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400113517034 12/31/07--01018--021 **750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C RABON, TIM 64 WALNUT STREET, N.W. CULLMAN, AL 35055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature], VP - Controller — Tim Rabon — 12/28/07 — 800-232-8108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #