

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 27 AM 8:07

SECRET
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001462

1. Corporation Name

KIRCH PLASTICS SALES, INC.

Principal Place of Business

3842 TORREY PINES WAY
SARASOTA FL 34238-2839

Mailing Address

PO BOX 7
GARWOOD NJ 07027



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2001

5. FEI Number

22-2902476

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KIRCHBERGER, CARL W	3842 TORREY PINES WAY	SARASOTA FL 34238

300009719389
12/27/02--01067--006 **150.00

8. Name and Address of Current Registered Agent

KIRCHBERGER, CARL W
3842 TORREY PINES WAY
SARASOTA FL 34238-2836

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-24-02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIRCHBERGER 12-24-02 941-922-5583

Date

Daytime Phone #

CR2040 (8/02)

KIRCH PLASTICS SALES, INC.
C/O STOUT PO BOX 255
CRANFORD NJ 07016

NOVEMBER 29, 2002

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE FL 32314-6327

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT APPARENTLY BECAUSE OF AN ADDRESS CHANGE, PRIOR
UBR NOTICES WERE NOT RECEIVED.

THANK YOU FOR YOUR CONSIDERATION.

VERY TRULY YOURS,

Cal Krishberg, Pres.