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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 20 AM 11:58

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000001730

1. Corporation Name
The Southern Packaging Company

REINSTATEMENT 03-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
8990 NW 105 Way	8990 NW 105 Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Medley FL	City & State: Medley FL
Zip: 33178 Country: USA	Zip: 33178 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 06-1325855 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Ernest G Robertson

Street Address (P.O. Box Number is Not Acceptable): 8990 NW 105 Way

Suite, Apt. #, Etc.:

City: Medley State: FL Zip Code: 33178

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Ernest G. Robertson Date: 3/16/06
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/P/T/D	Elizabete P. Robertson	5465 PineTree Drive	Miami Beach FL 33140
C/V/S/D	Ernest G. Robertson	5465 PineTree Drive	Miami Beach FL 33140

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03/30/06--01051--010 **608.75

10. 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 contained in Chapter 119, 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: Ernest G. Robertson 3/16/06 305 888-4694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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The Southern Packaging Company
8990 N. W. 105 Way
Medley, FL 33178

March 8, 2006

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find our request for Corporate Reinstatement along with a check in the amount of $608.75 (2003-2006 Annual Report Fee at $61.25 per year and 2003-2006 Corporate Supplemental Fee at $88.75 per year and the $8.75 for a Certificate of Status). We are respectfully requesting a waiver of the Reinstatement Fee as we did not receive annual report notices at our Corporate address.

We hope that this will reinstate our Corporate status and that we will receive future annual reports due.

Sincerely,

Ernest G. Robertson

Ernest G. Robertson
Vice President