

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 16 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000003479**

1. Corporation Name

COMPLETE PACKAGING AND SHIPPING SUPPLIES, INC.

Principal Place of Business

Mailing Address

68 33RD ST.
BROOKLYN NY 11232

68-33RD ST.
BROOKLYN NY 11232

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

5. FEI Number

13-3590108

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	BERKOWITZ, JEFFREY	2115 DONNA DRIVE	MERRICK NY 11566

8. Name and Address of Current Registered Agent

BERKOWITZ, ISREAL
10141 CANAL BROOK CIRCLE
BOCA RATON FL 33498

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date

10/10/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03 718-788-1800

CR2ED40 (7/03)

COPPS

Tel. (718) 788-1800

Fax (718) 788-1897

**COMPLETE PACKAGING
AND SHIPPING SUPPLIES INC.**

Manufacturers of Corrugated Products And Distributors of All Packaging Supplies

**68- 33rd Street
Brooklyn, NY 11232**

October 10, 2003

Florida Dept of State

Document #F02000003479

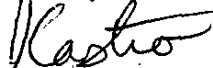
FEI #13-3590108

Re: Annual Report/Uniform Business Reports

Dear Sir or Madam,

I am writing to inform you that this is the first letter I have received regarding this renewal notice. Please be kind enough to remove the late fees. I have enclosed a check in the amount of \$150.00 for renewal. I apologize for any inconvenience this has made on you end and appreciate if the late fee is removed.

Thank you,



Josephine Castro
Acct. Payable



Jeffrey Berkowitz
Officer