PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000004997

1. Corporation Name

Madison Packing Acquisition Sub, Inc.

REINSTATEMENT

CR2E061 (12/05)

05-06

2. Principal Office Address	3. Mailing Office Address
111 Commerce Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Smithfield, Virginia	City & State
Zip: 23430 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/31/04

5. FEI Number: None ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Connie Bauer — Date: 12/15/06
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
Director	C. Larry Pope	111 Commerce Street	Smithfield, Virginia 23430
Director	Michael H. Cole	111 Commerce Street	Smithfield, Virginia 23430
Presider	Joseph W. Luter IV	111 Commerce Street	Smithfield, Virginia 23430
Ass Sec	Craig A. A. Dixon	111 Commerce Street	Smithfield, Virginia 23430

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 118, 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] — 12/15/06 — 757-357-8161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 01/04/2006 C T System Online

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

MADISON PACKING ACQUISITION SUB, INC.

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