

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F17577

Entity Name: TNT PACKAGING, INC.

FILED  
Oct 04, 2006  
Secretary of State

**Current Principal Place of Business:**

2390 NW 149 STREET  
MIAMI, FL 33054 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 402883  
MIAMI BCH, FL 33140 US

**New Mailing Address:**

FEI Number: 59-2056222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOKAYER, BARRY  
17130 NE 12 AVE  
N MIAMI BCH, FL 33162 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: BARRY TOKAYER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TOKAYER, BARRY  
Address: 17130 NE 12 AVE  
City-St-Zip: MIAMI, FL 33162

Title: VP ( ) Delete  
Name: TOKAYER, JEFFREY  
Address: 921 NE 176 ST  
City-St-Zip: MIAMI, FL 33162

Title: ST ( ) Delete  
Name: TOKAYER, MARILYN  
Address: 425 W 44TH ST  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY TOKAYER

P

10/04/2006

Electronic Signature of Signing Officer or Director

Date