

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 OCT -1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F48422

1. Corporation Name

SECURITY PLASTICS, INC.

500004634985--3

-10/12/01--01059--019

****758.75 ****758.75

2. Principal Office Address

14427 NW 60 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

3. Mailing Office Address

14427 NW 60 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/28/81

5. FEI Number

59-0749148

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

NORMAN H. COHAN

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

14427 NW 60 AVENUE

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33014

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

Norman H. Cohan Pres.

Date **OCTOBER 2, 2001**

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
P	COHAN, NORMAN H.	14427 NW 60 AVENUE	MIAMI LAKES, FL 33014
EVP	GOMEZ, ENIDIO	14427 NW 60 AVENUE	MIAMI LAKES, FL 33014
VPF	WALLER, DAVID	14427 NW 60 AVENUE	MIAMI LAKES, FL 33014
VP	JAMESON, JAMES	14427 NW 60 AVENUE	MIAMI LAKES, FL 33014
D	COHAN, EVELYN	14427 NW 60 AVENUE	MIAMI LAKES, FL 33014
D	COHAN, RINA	14427 NW 60 AVENUE	MIAMI LAKES FL 33014
D	COHAN, JANET	14427 NW 60 AVENUE	MIAMI LAKES, FL 33014
D	COHAN, ELLEN	14427 NW 60 AVENUE	MIAMI LAKES FL 33014

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 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:

Norman H. Cohan

NORMAN H. COHAN, PRESIDENT 10/2/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-823-5440

Daytime Phone #

CR2E081 (9/00)