1 of 2

H04000075933

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -9 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04 MRD

DOCUMENT # F80452

1. Corporation Name

MULTI-LINE CANS, INC.

2. Principal Office Address	3. Mailing Office Address
15000 U.S. Highway 301 North	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dade City, Florida	City & State
Zip: 33523 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 5/05/1982

5. FEI Number: 59-2188958 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Ben Reese

Street Address (P.O. Box Number is Not Acceptable): 15000 U.S. Highway 301 North

Suite, Apt. #, Etc.

City: Dade City State: FL Zip Code: 33523

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: Ben Reese Date: 4/06/2004

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCFO	Gary Viljoen	15000 U.S. Highway 301 North	Dade City, FL 33523
COO	John Minton	15000 U.S. Highway 301 North	Dade City, FL 33523

10. I certify that I am an officer or director of the reciver 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: Gary Viljoen 4/07/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

MULTI-LINE CANS, INC.

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