


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000002725			
1. Corporation Name SHAPIRO PACKING COMPANY, INC.			
Principal Place of Business P.O. BOX 119 AUGUSTA GA 30903		Mailing Address P.O. BOX 119 AUGUSTA GA 30903	
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
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number	
05/24/1994		58-0525293	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	SHAPIRO, NORMAN	3534 STEVENS WAY	AUGUSTA GA
VP	KERSH, RONALD	410 CHICADEE LANE	WEST CHESTER PA
ST	COGGINS, JOHN J	1220 BRENTFORD LANE	MALVERN PA
D	George Ginader	401 City Ave., Suite 800	Bala Cynwyd, PA 19004
D	John Pelino	401 City Ave., Suite 800	Bala Cynwyd, PA 19004
Exec. VP	Herbert Lotman	401 City Ave., Suite 800	Bala Cynwyd, PA 19004
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MCMENAMY, WILLIAM B 50 N. LAURA ST., STE. 2925 JACKSONVILLE FL 32202		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City	
		000002831540-0000 04/07/93-01006-003 ****300.00 State ****300.00 Zip Code FL	
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.			
Signature of Registered Agent <i>W. McMenamy</i>		Date 3/3/99	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98-99

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