

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

REINSTATEMENT



FLORIDA DEPARTMENT OF  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000002326

1. Corporation Name  
Ultra Pac, Inc.

Principal Place of Business Mailing Address

21925 Industrial Blvd.  
Rogers, MN 55374

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

100 Tri State Drive

Suite, Apt. #, etc.

STE 200

City & State

Lincolnshire, IL

Zip

60069

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5/11/95

5. FEI Number

41-1581031

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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<br>and/or Directors | 3. Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4. City / State / Zip  |
|-------------|---|--|------------------------|
| P           | G.V. Bayly                              | 100 Tri State Dr, #200   | Lincolnshire, IL 60069 |
| V/D         | F.V. Tannura                            | "  | "                      |
| V/S/D       | G.D. Patterson                          | "  | "                      |
| V/T         | R.R. Cote                               | "  | "                      |
| V/M         | R.A. Kurinsky                           | "  | "                      |
| V/M         | G. Gentili                              | "  | "                      |

8. Name and Address of Current Registered Agent

CT Corporation System  
1200 South Pine Island Rd.  
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, and hereby accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Patrick A. Nolan  
Assistant Secretary

Date

2/22/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.R. Cote

2/17/99

Date

847-945-9100  
Daytime Phone #