

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 NOV -9 PM 12: 19

**DOCUMENT # F95000002583**

1. Corporation Name **Georgia-Pacific Resins, Inc.**

Principal Place of Business **133 Peachtree St., NE Atlanta, GA 30303**

Mailing Address **133 Peachtree St., NE Atlanta, GA 30303**

**REINSTATEMENT 93**

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  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **05/26/1995**

5. FEI Number **58-1576916**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee imposed 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
Pres.	Marino Concha	133 Peachtree St., NE	Atlanta, GA 30303
EVP	Donald L. Glass	100 Peachtree St., NE	Atlanta, GA 30303
SVP	James F. Kelley	133 Peachtree St., NE	Atlanta, GA 30303
Dir	A. D. Correll	133 Peachtree St., NE	Atlanta, GA 30303
Dir	Donald L. Glass	100 Peachtree St., NE	Atlanta, GA 30303
Dir	John F. McGovern	133 Peachtree St., NE	Atlanta, GA 30303

8. Name and Address of Current Registered Agent

**C T Corporation System**  
**1200 South Pine Island Road**  
**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 Zip Code

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 **ALLAN FARNELL** Date **11/10/99**  
 REGISTERED AGENT **ASSISTANT SECRETARY**

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:** *Kimberly Dyslin Rountree* / **Kimberly Dyslin Rountree** **10-27-99** **404-652-4000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (12/98)