PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 NOV 29 PH 3: 13
DOCUMENT # F95000004690 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
C4G CONTAINERS, INC.		AR.
2. Principal Office Address 150 EASY ST.	7.0. Box 2003	REINSTATEMENT 2004
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 09/26/95
City & State LAKAYETTE, LA	City & State LAFAYETTE, LA	5. FEI Number Applied For Not Applicable
70506 Country USA	70502 Country USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Bobert Combs		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City ∕ State Zip,Gode		
Gaines ville "FL 32408		
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 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 Eacl Officer and/or Directo	
CEO GALE BREAUX	#3 CAMELTA	Rd. LAFAYETTE, LA 70503
UP LANE BREAK	90 Happen Heis	CARE APNANDUTUE, LA 70512
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		900043049959
		11/29/0401078014 **750.00
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 filling 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 Date Daytime Phone #		