

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 14 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000000942			
1. Corporation Name SCHMALBACH-LUBECA PLASTIC CONTAINERS USA, INC.			
2. Principal Office Address 10521 Highway M-52		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Manchester, MI		City & State	
Zip 48158	Country USA	Zip	Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida		2/21/97	
5. FEI Number 36-4126680		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name CY CorporationSystem			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation	State FL	Zip Code 33324	

8. I, being appointed the registered agent of the abode named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, VS.			
Signature of Registered Agent		CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 07/02/02	
REGISTERED AGENT MUST SIGN		*****8.75 *****8.75	

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 Each Officer and/or Director	City / State / Zip	
D	Hanno C. Fiedler	Kaiserswerther Strasse 115, D-40880	Ratingen	Germany
D	George Kosing	Kaiserswerther Strasse 115, D-40880	Ratingen	Germany
D	Othmar Von Diemer	Kaiserswerther Strasse 115, D-40880	Ratingen	Germany
v/cfo/d	William J. Westwood	10521 Highway M-52	Manchester	MI 48158
S	James M. McElyea	1140 31st Street	Downers Grove	IL 60516
P/D	William J. Long	10521 City Road	Manchester	MI 48158

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 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:

James M. McElyea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES M. McElyea

6/12/02 620-241-6608
Date Daytime Phone #