PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **F98000006810**

1. Corporation Name

FLORIDA NONWOVENS, INC.

Principal Place of Business

Mailing Address

1111 CENTRAL FLORIDA PKWY ORLANDO FL 32824 1111 CENTRAL FLORIDA PKWY ORLANDO FL 32824 FILED

02 NOV 19 PM 3: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above a	ddresses are incorrect in any way, line t	hrough incorrect in	nformation and enter o	correction below.					
WNI			ng Office Address, If Applicable - CONTROLLEL		4. Date Incorporated or Qualified To Do Business in Florida 12/15/1998			998	
Suite, Apt. #, etc. Suite, Apt. # Suite, Apt. # Suite, Apt. # City & State City & State					5. FEI Number 33-0831133			Applied For	
								Not Applicable	
Zip Country Zip 63/1		6. CERTIFICATE OF STATUS DESIRED for a Certificate of S							
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	rida nonprofit corporat	tions must list at lea	ast 3 directors)		,		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip				
CEOC	BIDNER, MARK KENNETH L	LHARAIN	966 EAST SANDI	HILL AVENUE	CARSON CA 90746				
VCFO	VCFO OWEN, ROBERT			966 E SANDHILL AVE			CARSON CA 90746		
,			REINSTATEMEN			WENT	02		
						G Car			
			500009089425 11/20/0201002005 **7\$8.7\$.5 .758.75	
	8. Name and Address of Currer	nt Registered Age	ent		9. Name and A	Address of New Regis	tered Agent		
	C. Name and Addition of Curren		Name						
	SERVICES, INC. AST PARK AVENUE	Street Address (P.O. Box Number is Not Acceptable)) CP (CP (CP (CP (CP (CP (CP (CP (CP (CP				
TALLAHASSEE FL 32314				Suite, Apt. #, Etc					
		City				State Zip C	ode		
10. I, being	appointed the registered agent of the a	bove named corpo	oration, am familiar wit	th and accept the o	bligations of Secti	on 607.0505, F.S. or 6	17.0505, F.S.		
Signature o Registered	Agent		BF OSE ENT MUST SIGN			Date			
	that I am an officer or director or the rec estatement application, the reason for dis								

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

11/4/02 310 767-1000



November 13, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

With all due respect, annual report / business uniform business reports were not received by Florida Nonwovens, Inc. accounting entity (Western Nonwovens, Inc is Florida Nonwovens, Inc parent.). Attached in our restatement application, we are changing our mailing address to assure more efficient handling of this matter.

In advance, I appreciate you attention to this reinstatement.

Kevin M. Slattery
Controller, WNI