

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 22 PM 2:31

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # F99000001734

1. Corporation Name Integrated Bagging Systems Corporation

2. Principal Office Address

9 Peach Tree Hill Road

Suite, Apt. #, etc.

City & State

Livingston, NJ

Zip

07039

Country

Essex

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

07039

Country

Essex

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/8/91

Sp

5. FEI Number

22-3103896

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32301

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**

Deborah D. Skipper

**Deborah D. Skipper
as its agent**

Date 6/22/01

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 Each Officer and/or Director	City / State / Zip
P	Joe Chen	9 Peach Tree Hill Road	Livingston, NJ 07039
V	Y.L. Chang	9 Peach Tree Hill Road	Livingston, NJ 07039
V	Victor Shen	9 Peach Tree Hill Road	Livingston, NJ 07039
S	Alice Nightingale	9 Peach Tree Hill Road	Livingston, NJ 07039
T	T.Y. Liao	9 Peach Tree Hill Road	Livingston, NJ 07039

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: Alice Nightingale

Alice Nightingale

6/15/01

(973) 716-7204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)