

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 JUN -9 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

*H41831*

1. Corporation Name

**MTL Packing, Inc.**

Principal Place of Business

Mailing Address

c/o Azarian & Co.  
352 Lafayette Ave.  
Hawthorne, NJ 07506

c/o Azarian & Co.  
352 Lafayette Ave.  
Hawthorne, NJ 07506

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida  
**1/01/85**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

**59-2496177**

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
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
P	Charles B. Locicero	258 Daniels Drive	Sanibel, FL 33957
V	Mary T. Locicero	258 Daniels Drive	Sanibel, FL 33957

**REINSTATEMENT**

*94-97*

*SL*

*6-10-87*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Charles B. Locicero  
258 Daniels Drive  
Sanibel, FL 33957

Name

Street Address (P.O. Box Number is not acceptable)

**203483--0**

Suite, Apt. #, Etc.

**-06/11/97--01121--014**

City

State

Zip Code

**FL**

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

*Charles B Locicero*

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Charles B Locicero*

*Charles B Locicero*

Date

Daytime Phone #

*5/20/97*

*941*

*472-4707*

CR2E040 (12/96)