

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 102

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 18 AM 8:00

DOCUMENT # **K68945**

1. Corporation Name

PACKAGING PRODUCTS CORPORATION

Principal Place of Business

Mailing Address

C/O HUGHES, SNELL & CO., PA
1470 ROYAL PALM SQUARE BLVD.
FT. MYERS FL 33919
US

C/O HUGHES, SNELL & CO., PA
1470 ROYAL PALM SQUARE BLVD.
FT. MYERS FL 33918

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



700024795697
11/18/03--01020--013 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1989

5. FEI Number

04-2294997

Applied For

Not Applicable

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	4 City / State / Zip
PSTD	HEIDENREICH, T E III	285 ELM ST.	DUXBURY MA 02331
D	HEIDENREICH, ROBERT G	77 MEETINGHOUSE RD.	DUXBURY MA 02331
C	HEIDENREICH, T E JR.	1164 Harbour Cottage Ct	SANIBEL FL 33957
D	HEIDENREICH, JANE	1164 Harbour Cottage Ct	SANIBEL FL 33957
VPD	LIPCAN, DANIEL	297 QUAKER MEETING HOUSE ROAD	EAST SANDWICH MA 02537

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUGHES, WILLIAM C. CPA
% HUGHES, SNELL & CO., P.A.
1470 ROYAL PALM SQUARE BLVD.
FORT MYERS FL 33919

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

William C. Hughes

Date 11/5/03

REGISTERED AGENT MUST SIGN

11. 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:

William C. Hughes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

292



PACKAGING PRODUCTS CORPORATION

Perishables Packaging Specialists

November 10, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

We respectfully request that our reinstatement fee be waved because neither Packaging Products Corporation or our registered agent, Hughes Snell & Co, received the Uniform Business Report notices.

Thank you for your help.

Sincerely,

Packaging Products Corporation

T.E. Heidenreich, III
President

Enclosures