

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OF  
FOR  
REINSTATEMENT

THE STATE OF FLORIDA DEPARTMENT OF STATE  
m Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**L01000021128**

FILED  
02 NOV 22 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021128  
Name and Mailing Address

0006099 01 FP 0.352 \*\*PRSRT T9 0 0615 32254-570000  
SOUTHEASTERN PLASTICS, LLC  
6800 SUEMAC PLACE  
JACKSONVILLE FL 32254-5700



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/06/2001	
Principal Place of Business 6800 SUEMAC PLACE JACKSONVILLE FL 32254	3. New Principal Place of Business Address 7800 Belfort Pkwy Ste 165 City, State, Zip Jacksonville FL 32256	6. FEI Number 59-3761026	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent THAMES, RICHARD R 131 WEST FORSYTH STREET, SUITE 600 JACKSONVILLE FL 32202	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  
Signature of Registered Agent Date  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BUTTNER, EDWARD W IV	7800 BELFORT PARKWAY, SUITE 165	JACKSONVILLE FL 32258

4000009160524  
11/22/02--01022--005 \*\*150.00

REINSTATEMENT

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date 10-28-02 Daytime Phone # (904) 221-0080

Typed or printed name of signing Managing Member/Manager EDWARD W. BUTTNER IV

CR2E084 (8/02)