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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

03 DEC 22 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000021128

Name and Mailing Address

0001911 01 AT 0.292 \*\*AUTO H9 1 0615 32256-691540

SOUTHEASTERN PLASTICS, LLC  
7800 BELFORT PKWY., STE 165  
JACKSONVILLE FL 32256-6915



12/22 2003

MAJH

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 7800 BELFORT PKWY., STE 165 JACKSONVILLE FL 32256	3. New Principal Place of Business Address	6. FEI Number 59-3761026	Applied For Not Applicable
City, State, Zip		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	

CR2E034 (7/03)

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12/15/03

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

700026320767  
01207204-01020-005 \*\*1507.00

REINSTATEMENT 2003

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager