

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 OCT 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000011869

Name and Mailing Address

0017639 01 FP 0.352 \*\*PRSR T4 0 0615 33615

UNIVERSAL CONTAINER CO., L.L.C.  
11805 S.R. 54  
ODESSA FL 33615



CR2E084 (7/03)

2. New Mailing Address  City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 11805 S.R. 54 ODESSA FL 33615		5. Date Organized or Qualified To Do Business in Florida 05/16/2002	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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  NASH, THOMAS C II 625 COURT STREET, SUITE 200 CLEARWATER FL 33756		9. Name and Address of New Registered Agent Name <u>Robert R. Bears</u> Street Address (P.O. Box Number is Not Acceptable) <u>11805 SR 54</u> City <u>Odessa</u> FL Zip Code <u>33556</u>	
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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 [Signature] Date 10/24/03

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	BEARS, ROBERT R JR	1756 EAST LAKE WOODLANDS PARKWAY	OLDSMAR FL 34677
MGRM	BEARS LEIBEGOTT, LISA A	140 PERRYVILLE ROAD	REHOBOTH MA 02769
300024171593 10/27/03--01095--010 **150.00			
REINSTATEMENT 03 Dec			

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] Date 10/24/03 Daytime Phone # 727-376-0036

Typed or printed name of signing Managing Member/Manager

Robert R. Bears SR