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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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 10 PM 3:27

1. DOCUMENT # L02000027150

Name and Mailing Address

0014354 01 AT 0.292 **AUTO T2 0 0615 34103-229953



SUPERIOR PACKAGING, LLC
4151 GULF SHORE BLVD. NORTH, #1403
NAPLES FL 34103-2299



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/14/2002	
Principal Place of Business 4151 GULF SHORE BLVD. NORTH, NAPLES FL 34103	3. New Principal Place of Business Address #1403 City, State, Zip	6. FEI Number 13-4218142	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 DYE, KAREN D 4151 GULF SHORE BLVD. NORTH, #1403 NAPLES FL 34103	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

Karen Dye
REGISTERED AGENT MUST SIGN

Date 3-3-04

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	DYE, KAREN D	4151 GULF SHORE BLVD. NORTH, #1403	NAPLES FL 34103

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REINSTATEMENT 03-04
dca

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

Karen Dye
REGISTERED AGENT MUST SIGN

Date 3-3-04

Daytime Phone # 239-213-0164

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)