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
04 MAR -9 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L60014**

1. Corporation Name

TRI STAR PACKAGING, INC.

Principal Place of Business	Mailing Address
5355 TOWN CENTER ROAD SUITE 601 BOCA RATON FL 33486	5355 TOWN CENTER ROAD SUITE 601 BOCA RATON FL 33486

800030062958
03/09/04--01023--003 **300.00

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
21623 Monaco ter. Palm Beach Gardens FL	21623 Monaco Terr. Palm Beach Gardens FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33410 Country USA	Zip 33410 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/26/1990

5. FEI Number: 65-0183619 ☐ 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
D	WHITNEY, JANI	5355 TOWN CENTER ROAD	BOCA RATON FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

FRIEDMAN, ANDREW R.
5355 TOWN CENTER ROAD
SUITE 601
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name: Joni Whitney
Street Address (P.O. Box Number is Not Acceptable): 21623 Monaco terrace
Suite, Apt. #, Etc.:
City: Palm Beach Gardens FL | State: FL | Zip Code: 33410

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: Joni B. Whitney — REGISTERED AGENT MUST SIGN — Date: 3/2/04

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: Joni B. Whitney Joni B. Whitney 3/2/04 561-624-9093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #