

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01 FEB 23 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006740

1. Limited Liability Company's Name

Paper Acquisitions, LLC

8000003782048--9

-02/27/01--01033--007

\*\*\*\*\*50.00 \*\*\*\*\*50.00

8000003782048--9

-02/27/01--01033--008

\*\*\*\*\*150.00 \*\*\*\*\*150.00

2. Principal Office Address

11 Commerce Road

3. Mailing Office Address

11 Commerce Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rockland, MD

City & State

Rockland, MD

Zip

02370

Country

USA

Zip

02370

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

10/13/99

6. FEI Number

59-3608980

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Frank R. Keasler, Jr., Esq.

Street Address (P.O. Box Number is Not Acceptable)

4309 Pablo Oaks Court

Suite, Apt. #, Etc.

Suite 200

City

Jacksonville

State

FL

Zip Code

32224

9. 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 12/20/00

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MC	Robert J. Cinotti, Manager	c/o 11 Commerce Road	Rockland, MD 02370

REINSTATEMENT

*[Handwritten signature]*

11. 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 12-22-00

Daytime Phone #

Typed or printed name of signing Managing Member/Manager