M01000002039

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 APR 17 PM 12:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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04/01/03--01035--013 **158.75

DOCUMENT # M01000002039

1. Limited Liability Company's Name
Ameripak South, LLC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 115 Melrich Road | 115 Melrich Road |
| Suite, Apt. #, etc.: Suite 5 | Suite, Apt. #, etc.: Suite 5 |
| City & State: Cranbury New Jersey | City & State: Cranbury New Jersey |
| Zip: 08512 Country: Middlesex | Zip: 08512 Country: Middlesex |

4. State/Country of Formation: New Jersey

5. Date Organized or Qualified To Do Business In Florida: Sept 4, 2001

6. FEI Number: ✓ 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: Corporation Service Company

Street Address (P.O. Box Number Is Not Acceptable): 1201 Hayes Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

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: Jacqueline N Casper Date: 3/24/2003

REGISTERED AGENT MUST SIGN: Jacqueline N. Casper, Asst. V.P.

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 |
|---|---|---|---|
| Mgr | Anthony Panzica | 115 Melrich Road Suite 5 | Cranbury, New Jersey 08512 |
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REINSTATEMENT 2002-03

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: Anthony Panzica Date: 3-20-03 Daytime Phone#: 609-631-0900

Typed or printed name of signing Managing Member/Manager: Anthony Panzica

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