

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 DEC 17 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06000004863

1. Limited Liability Company's Name

Schwarz Partners Packaging, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 5505 West 74th Street		3. Mailing Office Address 5505 West 74th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Indianapolis, Indiana		City & State Indianapolis, Indiana	
Zip 46268	Country USA	Zip 46268	Country USA

4. State/Country of Formation Indiana	
5. Date Organized or Qualified To Do Business in Florida September 1, 2006	
6. FEI Number 20-5239639	<input 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		
Name NRAI Services, Inc.		
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive		
Suite, Apt. #, Etc. Suite 4		
City Weston	State FL	Zip Code 33331

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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 <i>[Signature]</i>	Date 12-10-2010
REGISTERED AGENT MUST SIGN <i>[Signature]</i>	

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	Jack W. Schwarz	5505 West 74th Street	Indianapolis, Indiana 46268
CFO	Thomas E. Bennett	5505 West 74th Street	Indianapolis, Indiana 46268
L. SELLERS			
REINSTATEMENT			
EXAMINER			

11. E-mail Address: <i>dliville@schwarzpartners.com</i>	
(To be used for future annual report notifications)	
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 <i>[Signature]</i>	Date 12-10-2010 Daytime Phone # (317) 290-1140
Typed or printed name of signing Managing Member/Manager Thomas E. Bennett	