

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

APPROVED  
AND  
FILED

02 MAR 21 PM 6:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M55948

**1. Corporation Name**

DADAN PACKAGING, INC

300005183363--7

-04/02/02--01053--013

\*\*\*\*300.00 \*\*\*\*300.00

<b>2. Principal Office Address</b>		<b>3. Mailing Office Address</b>	
900 NW 10TH AVE		900 NW 10TH AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
FT LAUDERDALE, FL		FT LAUDERDALE, FL	
Zip	Country	Zip	Country
33311	USA	33311	USA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
07/22/0987	
<b>5. FEI Number</b>	<b>Applied For</b>
65-0003024	Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	
\$8.75 Additional Fee required for a Certificate of Status	

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

**Name**

JEFFREY BLITTMAN

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

900 NW 10TH AVE

**Suite, Apt. #, Etc.**

**City**

FT LAUDERDALE

**State**

FL

**Zip Code**

33311

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of Registered Agent**

*[Signature]*

REGISTERED AGENT MUST SIGN

**Date**

3-19-02

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JEFF BLITTMAN	900 NW 10TH AVE	FT LAUD FL 33311
VP	RONALD PACINI	900 NW 10TH AVE	FT LAUD FL 33311

**10. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY BLITTMAN

3-19-02

Date

(954) 425 8588

Daytime Phone #

RONALD J WALTERS & Co., P.A.  
10100 W SAMPLE ROAD SUITE 322  
CORAL SPRINGS, FL 33065  
(954) 796-4844

MARCH 19, 2002

DEPARTMENT OF STATE  
REINSTATEMENT DEPARTMENT  
409 EAST GAINES STREET  
TALLAHASSEE, FL 32399

RE: DADAN PACKAGING, INC.  
DOCUMENT # M66948

DEAR SIR OR MADAM:

AS PER MY CONVERSATION WITH YOUR REPRESENTATIVE I AM ENCLOSING A  
COPY OF THE REINSTATEMENT APPLICATION ACCOMPANIED WITH A CHECK  
IN THE AMOUNT OF \$300.00USD AS I WAS INSTRUCTED.

SHOULD YOU NEED ANY ADDITIONAL INFORMATION PLEASE CONTACT MY  
OFFICES AT (954) 796-4844.

THANK YOU FOR YOUR ATTENTION TO THIS MATTER, I AM



VERY TRULY YOURS;

RONALD WALTERS