PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					FILED 03 OCT 10 AM 9: 34		
DOCUMENT # P 000000 (8 78 1. Corporation Name				SEC TALL	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Pap	er Industries, Inc.						
2. Principal Office Address 3. Mailing Office Address					700023706027 H0/10/03=01036=009 **158.75		
· '	Box 50223	_	P.O. Box 50223		المراد في المراد	03	
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			(*****
					corporated or Qualified Business in Florida 01-31-2000		
City & State		City & State	City & State Longwood		e r	Applied For	
Longwood Zip Country		Zip	Country	-	593617281 ✓ Not Applica		ble
32752	USA	32752	USA	6. CERTIFICAT		5 Additional Fee requer a Certificate of State	
	Name Ramon Chimelis	7. N	ame and Address of Current Registe	ered Agent			
	Street Address (P.O. Box Number is Not Acceptable) 211 Shell Point West						
	Suite, Apt. #, Etc.						
	City Maitland				State Zip Code FL 32751		
8. I, being	appointed the registered agent of the a	bove named corpor	ation, am familiar with and accept the	obligations of sect	ion 607.0505 or 617.0503, F.S.		(10/02)
Signature of Registered Agent					Date 10-07-03		
<u> </u>		REGISTERED AGE		· · · · · · · · · · · · · · · · · · ·			_ "
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		_
PTD	Ramon Chimelis		211 Shell Point West		Maitland, FL 32751		_
SD	Michael W. Olvey, Sr.		56 Brooks Pond House Lane		Statesboro, GA 30461		
D	Katina Watson		156 Groveland Farms Rd.		Grooveland, FL 34736		
D	Douglas Olvey		1300 Suzanne Way		Longwood, FL 32779		╛
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this rein owed b	that I am an officer or director or the ret nstatement application, the reason for di y the corporation have been paid and th application is true and accurate, and my	ssolution has been o e names of individu	eliminated, the corporate name satisfies als listed on this form do not qualify for	s the requirements an exemption und	of section 607 B401 or 617 B40	11 FS that all face	
SIGNAT	TURE:		/ Ramon Chimelis	1	0-07-03 407-53	8-5902	1
		RINTED NAME OF SI	IGNING OFFICER OR DIRECTOR			me Phone #	

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 4.50

Re: Paper Industries, Inc.

To Whom It May Concern:

I am writing this letter in regards that I did not receive any notices of the 2002 Uniform Business Report filing. The UBR paper work was sent to the old corporate location were the ex-CEO will not forward any of the paper work.

I am sending the appropriate fees to reinstate Paper Industries, Inc. as requested by your office. If you have any questions please contact me at (407) 538-5902. Thank you for your attention in this matter.

Ramon Chimelis Vice President

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