

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000068327

1. Corporation Name

PARKER PACKAGING, INC.

Principal Place of Business

ONE AIR CARGO PLACE  
UNIT 1  
MELBOURNE FL 32901

Mailing Address

ONE AIR CARGO PLACE  
UNIT 1  
MELBOURNE FL 32901

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7715 Progress Circle  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7715 Progress Circle  
Suite, Apt. #, etc.

City & State

Melbourne, FL  
Zip 32904 Country

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Melbourne, FL  
Zip 32904 Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/14/2000

5. FEI Number

59-3659735

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PARKER, CHARLES	848 VILLA DR.	MELBOURNE FL 32940
P	Parker, Charles	373 Intrepid Way	Indialantic, FL 32903

8. Name and Address of Current Registered Agent

PARKER, CHARLES  
ONE AIR CORP PLACE  
UNIT 1  
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name

Charles Parker

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

7715 Progress Circle

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32904

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-9-03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-03

Date

Daytime Phone #

321-508-1216

CR2E040 (7/03)

Too: IRS

This is to inform you that I did not receive my 2003 annual report/uniform business report. My business address is 7715 progress circle, Melbourne, Fl. 32904 and my home address is 373 Intrepid Way Indialantic, Fl 32903. Both addresses were different on the form. Please consider this and waive my \$750.00 reinstatement fee. A fee of \$158.50 is enclosed. Thank you for your cooperation.

Thank You,



Charles Parker  
President