

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -4 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000071095**

1. Corporation Name

JTBN Plastics, Inc

2. Principal Office Address - No P.O. Box #

2203 58th Ave East

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 340

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Tallevast, FL

Zip

34203

Country

Manatee

Zip

34270

Country

Sarasota

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 2001

5. FEI Number

65-019154606

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

R. Marshall Norton

Street Address (P.O. Box Number is Not Acceptable)
2203 58th Ave East

Suite, Apt. #, Etc.

City

Bradenton, FL

State

FL

Zip Code

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 1/31/09

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
P	R. Marshall Norton	2203 58th Ave East	Bradenton, FL 34203

400142837544
02/04/09--01042--003 **300.00

REINSTATEMENT

FILED

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 contained in Chapter 119, 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

Date

Daytime Phone #

R. Marshall Norton 1/31/09 941 755
7770