

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 12 AM 7:49

DOCUMENT # P01000086856

1. Corporation Name

Norseman Plastics, Inc.

2. Principal Office Address

3000 Island Blvd.

Suite, Apt. #, etc.

1906

City & State

Aventura, Florida

Zip

33160

Country

USA

3. Mailing Office Address

3000 Island Blvd.

Suite, Apt. #, etc.

1906

City & State

Aventura, Florida

Zip

33160

Country

USA

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

September 4, 2001

5. FEI Number

65-1139126

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

Steven Garellek

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

700 S. Federal Highway

Suite, Apt. #, Etc.

Suite 200

City

Boca Raton

State

FL

Zip Code

33432

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

5-8-03

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	Howard Walton	3000 Island Blvd., Suite 1906	Aventura, FL 33160
V, S, T	Andy D. Williams	3000 Island Blvd., Suite 1906	Aventura, FL 33160

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:

Andy D. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 9, 2003

Daytime Phone #

467456980

CR2E081 (10/02)



3000 Island Blvd.
Suite 1906
Aventura, Florida 33160

May 8, 2003

Attention: Division of Corporations

*Re: Norsmen Plastics, Inc.
P.O. 1000086856*

Dear Sir/Madam:

Please be advised that we never received our 2002 annual report form.

Please accept the enclosed \$308.75 for reinstatement and the issuance of a Certificate of Good Standing.

Our correct mailing address and principal place of business:

3000 Island Blvd.
Suite 1906
Aventura, FL 33160

Sincerely,

A handwritten signature in black ink, appearing to read "Andy Williams".

Andy Williams,
Vice President, Secretary and Treasurer