## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000075462

Entity Name: AMERICAN PACKAGING CONCEPTS, INC.

FILED Nov 16, 2005 Secretary of State

| Current Principa | al Place of Business: | New Principal Place of Business: |
|------------------|-----------------------|----------------------------------|
|                  |                       |                                  |

2136 PINK FLAMINGO LANE ONE BARBADOS AVENUE TALLAHASSEE, FL 32308

**UNIT 2B** 

TAMPA, FL 33606

**Current Mailing Address: New Mailing Address:** 

2136 PINK FLAMINGO LANE ONE BARBADOS AVENUE

UNIT 2B TALLAHASSEE, FL 32308

TAMPA, FL 33606

FEI Number: 55-0786321 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MANG, DOUGLAS A ESQ C/O MÁNG LAW FIRM, P.A 660 E JEFFERSON STREET TALLAHASSEE, FL 32301 US POWELL, CINDY H C/O JAMES F. THIELEN, C.P.A., P.A. 701 E. TENNESSEE STREET TALLAHASSEE, FL 32308 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CINDY H. POWELL 11/16/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change ( ) Addition

POWELL, CINDY H POWELL, CINDY H Name: Name: P.O. BOX 1349 ONE BARBADOS AVENUE Address: Address:

City-St-Zip: SAINT AUGUSTINE, FL 320851349 City-St-Zip: TAMPA, FL 33606

Title: Title: () Change () Addition () Delete

WINSTON, DALE G Name: Name: 22308 DUPREE DRIVE Address: Address: LAND O'LAKES, FL 34639 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY H. POWELL D 11/16/2005