

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO2000125619

1. Corporation Name

SUN VALLEY PACKAGING, INC.

2. Principal Office Address

1801 S. FEDERAL HWY

Suite, Apt. #, etc.

STE 305

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

3. Mailing Office Address

1801 S. FEDERAL HWY

Suite, Apt. #, etc.

STE 305

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

**REINSTATEMENT** 04-05

CR2E081 (8/05)

T. Roberts 'JAN 06 2006'

4. Date Incorporated or Qualified  
To Do Business in Florida

11/26/2002

5. FEI Number

38366318

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

DANIEL SCHRAGER

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

1801 S. FEDERAL HWY

Suite, Apt. #, Etc.

STE 305

City

DELRAY BEACH

State

FL

Zip Code

33483

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

Daniel Schrage

DANIEL SCHRAGER

REGISTERED AGENT MUST SIGN

Date

12/30/2005

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
<u>PRES</u>	<u>DANIEL SCHRAGER</u>	<u>1801 S. FEDERAL HWY</u> <u>STE 305</u>	<u>DELRAY BEACH, FL</u> <u>33483</u>

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:

Daniel Schrage

DANIEL SCHRAGER

12/30/2005

Date

Daytime Phone #

561-330-8520

X202