

PO 40000 85377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

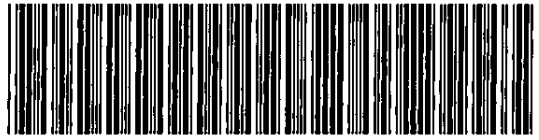
(Document Number)

Certified Copies _____ Certificates of Status ✓

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Office Use Only

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MC

SB

FILED
07 APR 16 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2007

DAVID BERKOWITZ
FLORIDA ATLANTIC TISSUE
3705 WESTMINSTER STREET
HOLLYWOOD, FL 33021

SUBJECT: FLORIDA ATANTIC TISSUE INC
Ref. Number: P04000085377

We have received your document for FLORIDA ATANTIC TISSUE INC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Document Specialist

Letter Number: 907A00022489

Carlos

Need this to be filled

but

Dan

DIVISION OF CORPORATIONS

07 APR 16 AM 8:00

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLORIDA ATLANTIC TISSUE INC

DOCUMENT NUMBER: P04000085377

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID BERKOWITZ

(Name of Contact Person)

FLORIDA ATLANTIC TISSUE INC.

(Firm/ Company)

3705 WESTMINSTER ST.

(Address)

HOLLYWOOD, FL 33021

(City/ State and Zip Code)

For further information concerning this matter, please call:

DAVID BERKOWITZ

(Name of Contact Person)

at (954) 298-5021

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

The date of each amendment(s) adoption: 4/12/07

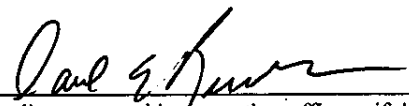
Effective date if applicable: 1/1/07
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____."
(voting group)

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature 
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DAVID BERKOWITZ
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35