2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000074742

Entity Name: FLEX PACKAGING CORP.

12561 SW 118 TERRACE

MIAMI, FL 33186 US

Address:

City-St-Zip:

FILED Dec 10, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---|----------------------|---|---|--|
| 1043 94 S | TREET | | | | |
| APT 6 BAY HARI | BOR ISLAND, FL 33154 | US | | | |
| Current N | lailing Address: | | New Mailing Addres | ss: | |
| 1043 94 S | TREET | | | | |
| APT 6 BAY HARI | BOR ISLAND, FL 33154 | US | | | |
| | | ber Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | I Address of Current R | egistered Agent: | Name and Address | of New Registered Agent: | |
| ESCOBAF 1043 94 S APT 6 BAY HARE | | US | | | |
| | named entity submits the of Florida. | is statement for the | purpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATUI | RE: JORGE ESCOBAR | ! | | | |
| | Electronic Signatu | re of Registered Ag | jent | Date | |
| | ce with s. 607.193(2)(b), F.S mpaign Financing Trust Fun | • | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | PRES () Delete ESCOBAR, JORGE 1043 94 STREET APT 6 BAY HARBOR ISLAND, FL | 33154 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () Delete SANCHEZ, WILLIAM D 12561 SW 118 TERRACE MIAMI, FL 33186 US | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SECT () Delete ESCOBAR, JORGE 1043 94 STREET APT 6 BAY HARBOR ISLAND, FL | 33154 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | TREA () Delete SANCHEZ. WILLIAM | | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. 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.

Address:

City-St-Zip:

SIGNATURE: JORGE ESCOBAR PD 12/10/2009