

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC 13 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P15432

1. Corporation Name

VITRO PACKAGING, INC.

Principal Place of Business

Mailing Address

16051 ADDISON ROAD  
SUITE 300  
ADDISON TX 75001

16051 ADDISON ROAD  
SUITE 300  
ADDISON TX 75001



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

08/03/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-2258737

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

000003515290--9

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City & State / Zip
P	MOSSBURG, MICHAEL	16051 ADDISON ROAD #300	ADDISON TX 75001
VP	GUTIERREZ, RAUL	16051 ADDISON ROAD #300	ADDISON TX 75001
S1	ARECHAVELETA, JAVIER ROMERO, FRANCISCO	16051 ADDISON RD., #300	ADDISON TX 75001
VP	RICH, STEVE	16051 ADDISON RD., #300	ADDISON TX 75001
V	ULLOM, WILLIAM R.	16051 ADDISON RD. #300	ADDISON TX 75001
VP	LITTLETON, BOB	16051 ADDISON ROAD #300	ADDISON TX 75001

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

78

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12-5-00

11. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT K. LITTLETON, VP 12/20/00 972-960-9693

Date

Daytime Phone #