

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000057509

1. Corporation Name

UNIVERSAL PACKAGING, INC.

Principal Place of Business

550 GUS HIPP BLVD.
ROCKLEDGE FL 32955

Mailing Address

550 GUS HIPP BLVD.
ROCKLEDGE FL 32955

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

2. New Principal Office Address, if Applicable

1200 Charles Street

Suite, Apt. #, etc.

100

City & State

Longwood FL

Zip

32750

Country

Seminole

3. New Mailing Office Address, if Applicable

1200 Charles Street

Suite/Apt. #, etc.

100

City & State

Longwood FL

Zip

32750

Country

Seminole

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4. Date Incorporated or Qualified To Do Business in Florida

08/12/1993

5. FEI Number

59-3199651

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D-	ACKERMAN, JOHN J	5161 PALOMINO DR	MELBOURNE FL 32934
P, S, T V, D	Joseph R. Oxborough	1232 ALAGUA DRIVE	Longwood, FL 32719

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-12/09/98--01001--002
****758.00 ****750.00

8. Name and Address of Current Registered Agent

SOLEAU, JOHN L
1970 MICHIGAN AVE
BLDG C
COCOA FL 32922

9. Name and Address of New Registered Agent

Name Joseph R. Oxborough
Street Address (P.O. Box Number is Not Acceptable)
1232 ALAGUA DRIVE
Suite, Apt. #, Etc.
City Longwood
State FL Zip Code 32719

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

[Signature] **REGISTERED AGENT MUST SIGN**

Date X 11/20/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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: X

[Signature] **REGISTERED AGENT MUST SIGN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 11/20/98
Date

(407) 256-1066
Daytime Phone #