

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P94000002686		
1. Corporation Name THE PAPER MERCHANT, Inc.		

2. Principal Office Address 340 13th Ave. S.	3. Mailing Office Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NAPLES, FL	City & State
Zip 34102	Country Collier
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 1990	
5. FEI Number 65-0462680	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name GEORGE BUONOCORE JR.	Street Address (P.O. Box Number is Not Acceptable) 155 CARICA ROAD	City Naples	State FL Zip Code 34108
Street Address (P.O. Box Number is Not Acceptable) 155 CARICA ROAD	City Naples	State FL Zip Code 34108	

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 
REGISTERED AGENT MUST SIGN
Date 2-19-05

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
P	GEORGE BUONOCORE Jr.	155 CARICA RD. Naples	FL 34108
VP	MICHELE BUONOCORE	155 CARICA RD. Naples	FL 34108
			200047787242
			03/07/05--01006--020
			*#1200.00

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: 	GEORGE BUONOCORE JR.	Date 2-19-05	239 9615790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #