

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 21 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P94000002686

1. Corporation Name

THE PAPER MERCHANT, Inc.

2. Principal Office Address

340 13th AVE. S.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

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 ☐

\$3.75 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

Suite, Apt. #, Etc.

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

[Signature]

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE BUONOCORE JR. 2-19-05

Date

Daytime Phone #

239 261 5790

CR2E081 (01/05)