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

P94000018051

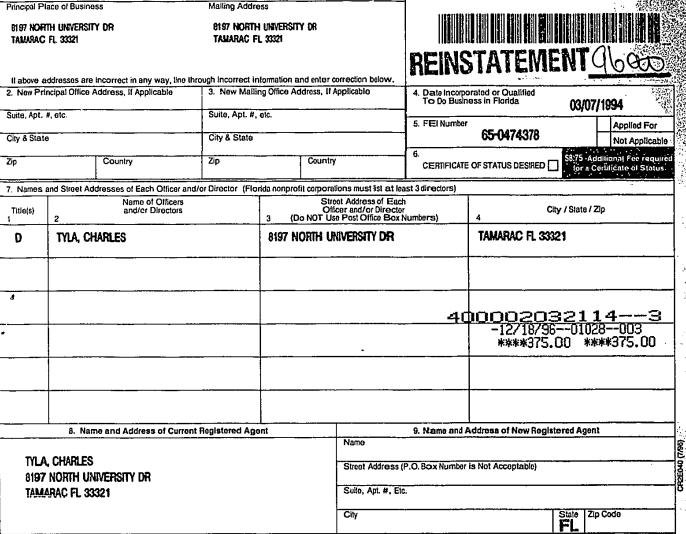
1. Corporation Name

C.J.T. PACKAGING, INC.

FILED

96 DEC 17 PH 2: 46

SECRETARY OF STATE TALLAHASSEE FLORIDA



10. I, being appointed the registared gent of the above named corporation, amplamillar with and accept the obligations of Section 607.0505, F.S.

REGISTERE AGENT MUST SIGN

12-13-96 Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

Yes L

in the first

(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 filling 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 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 outh.

SIGNATURE:

Signature of Registered Agent

NAME OF BIGNING OFFICER OR DIRECTOR

12-13-96 954-730-6289 Date Dayline Phone