

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Kathleen Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL -3 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P914000018051

1. Corporation Name

CJT Packaging Inc

2. Principal Office Address

1200 NW 22 CT

Suite, Apt. #, etc.

Unit 9

City & State

Pompano Beach FL

Zip

33069 Broward

3. Mailing Office Address

1700 NW 22 CT

Suite, Apt. #, etc.

Unit 9

City & State

Pompano Beach FL

Zip

33069 Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

03-1995

5. FEI Number

65-0474378

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles J. Tyla

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

298 SE 6 Ave

Suite, Apt. #, Etc.

Suite 2

City

Pompano Beach

State

FL

Zip Code

33060

500003328585-4

-07/19/00--01105--016

****300.00 ****300.00

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

Charles J. Tyla

REGISTERED AGENT MUST SIGN

Date 6-29-00

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
President	Charles J. Tyla	298 SE 6 Ave # 2	Pompano Beach FL 33060
			LS

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:

Charles J. Tyla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles J. Tyla

6-30-00

Date

954-9567656

Daytime Phone #

CR2E081 (9/99)



Packaging Store

The Packaging & Shipping Experts

1700 Northwest 22nd Court #9
Pompano Beach, FL 33069

(954) 956-7656
(954) 956-7657 (FAX)

2082

June 29, 2000

State of Florida
Department of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern,

I am writing in hope of obtaining a one-time exemption in filing for my corporation reinstatement. We relocated the business and evidently, the Post Office did not forward the paperwork to me..

I also was ill last year and was hospitalized with congestive heart failure. I guess with all that happened, I just forgot.

Enclosed is my check for \$300.00 along with the application for reinstatement.

Thank you for your consideration.

Charles Tyla
The Packaging Store