

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024144

1. Corporation Name

THERMO PLASTICS HEATSEALING TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

7316 VIALE MICHELANGELO
DELRAY BEACH FL 33446

7316 VIALE MICHELANGELO
DELRAY BEACH FL 33446



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0530379

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PD	LIPPMAN, GERALD	7316 VIALE MICHELANGELO	DELRAY BEACH FL 33446

100024637181
11/13/03--01044--024 **\$600.00

100024637181
12/11/03--01048--013 **\$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSENTHAL, JEFFREY H
7000 W PALMETTO PARK RD
STE 203
BOCA RATON FL 33433

Gerald Lippman
7316 Viale Michelangelo
Delray Beach,
FL 33446

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Gerald Lippman
REGISTERED AGENT MUST SIGN

Date

Dec. 23. 03

11. 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

Gerald Lippman

Nov. 10. 2003

Date

561-496-5556

Daytime Phone #

or 561-498-5236

CR2E040 (7/03)