

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **96**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JAN -2 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000092351**

1. Corporation Name

ADVANCED PACKAGING TECHNOLOGIES EAST, INC.

Principal Place of Business

13440 WRIGHT CIRCLE
TAMPA FL 33626

Mailing Address

13440 WRIGHT CIRCLE
TAMPA FL 33626

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

2. New Principal Office Address, If Applicable

13460 WRIGHT CIR
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

← SAME
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1994

5. FEI Number

59-3298136

Applied For

Not Applicable

City & State

TAMPA FLORIDA

City & State

Zip
33626

Country
USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	FRANK DIRENZI	13440 WRIGHT CIR	TAMPA FL
VP *	MICHAEL ANTONIADIS	13440 WRIGHT CIR	TAMPA FL

400002050014--2
-01/08/97--01029--002
****383.75 ****383.75

REINSTATEMENT

1996
A. Alan

8. Name and Address of Current Registered Agent

WING, KENNETH G
11201 NORTH MCKINLEY DRIVE
TAMPA FL 33612-6403

9. Name and Address of New Registered Agent

Name
MICHAEL ANTONIADIS
Street Address (P.O. Box Number is Not Acceptable)
13460 WRIGHT CIR
Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33626

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **12-27-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-27-96 **(813) 855-4960**

CR2E040 (7/96)