

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 NOV 21 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000049247**

1. Corporation Name

**CORRUGATED BOXES & SPECIALTIES, INC.**



**REINSTATEMENT** 96

Principal Place of Business

Mailing Address

881 BAYSHORE DR  
ENGLEWOOD FL 34223

881 BAYSHORE DR  
ENGLEWOOD FL 34223

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

08/23/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0592044

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

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
<del>D</del>	<del>PERETZ, SCOTT</del>	<del>881 BAYSHORE DR</del>	<del>ENGLEWOOD FL 34223</del>
<del>S</del>	<del>NICHOLAS, ARTHUR</del>	<del>8885 MINNESOTA KEY RD</del>	<del>ENGLEWOOD FL 34223</del>
P	PERETZ, SCOTT	881 BAYSHORE DR	ENGLEWOOD FL 34223
			700002013607-6
			-11/26/96-01024-001
			***375.00 ***375.00
			06/12/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MACRIS, STEVEN W  
609 S TAMAMI TRAIL  
VENICE FL 34286

Name

SCOTT PERETZ

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

881 BAYSHORE DR

Suite, Apt. #, Etc.

City

ENGLEWOOD

State

FL

Zip Code

34223

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

*Scott Peretz* **REQUIRED**

Date

9-24-96

REGISTERED AGENT MUST SIGN

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

*Scott Peretz* SCOTT PERETZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-96

Date

941 475 5525

Daytime Phone #