	PLEASE READ A		DUCTIONS	DECODE O	OMDI ETI			
	PLICATION FOR STATEMENT	FLORIDA S	A DEPARTMEN Sandra B. Mor Secretary of S	NT OF STATE tham tate	OWIPLET			
DOCUMENT # P95000071934 1. Corporation Name					98 NOV 30 AM 8: 53			
EAGLE PACKAGING PRODUCTS, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Addr			988					
800 LÄUREL OAK DR., STE. 301 800 LAUREL NAPLES FL 33963 NAPLES FL			OAK DR., STE, 301 3963					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REINSTATEMENT 95			
2. New Principal Office A tress, If Applicable 3. New Mail (1970) to Address, If A suite, Apt. #, etc.				Applie ble	Date Incorpo To Do Busin	orated or Qualified ess in Florida	09/18/1995	
City & State	= 19061 0 = 500ico 5 El	City & State			5. FEI Number	65-0603227	Applied For Not Applicable	
341 341	35 LEE	Zip	Country		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status	ī
7. Names ar Title(s)	and Street Addresses of Each Officer and/or Director (Florida nonprofit corpora Name of Officers Street and/or Directors Offi			tions must list at least eet Address of Each icer and/or Director Post Office Box Nu		Ci	ty / State / Zip	7
D D	SIMLER, DONALD E	-		Post Office Box Nu GTON WAY, #190				
D	SIMLER, LINDA L		13640 WORTHIN	GTON WAY, #190	06 BONITA SPRINGS FL			
			\$- \$			*****585.00 *****585.00		
					3		'062832 9801057028 5.00 ****165.00	-
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
MURPHY, FRANK P 800 LAUREL OAK DR., STE. 301 NAPLES FL 33963				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
10. I, being appointed the registered agent of the above partied corporation, am familiar with any accept the obligations of						on 607.0505, F.S.	FL	$\frac{1}{2}$
Signature of Registered A	gent X Frank	SISTERED AGE	MI MUST SIGN	KUD_		Date		.]
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No X (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: X SAN JULIE REQUIRED 11/25/99 941-498-1030 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								