

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR 97-98
REINSTATEMENT**



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

**APPROVED
AND
FILED**

98 MAR 26 PM 1:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P96000004043

1. Corporation Name

Gulf Coast Packaging, Inc.

Principal Place of Business

Mailing Address

**118 East Brainerd
Pensacola, FL 32501**

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

2. New Principal Office Address, If Applicable

3828 Navy Blvd.

3. New Mailing Office Address, If Applicable

3828 Navy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32507

Country

Escambia

Zip

32507

Country

Escambia

4. Date Incorporated or Qualified
To Do Business in Florida

1/10/96

5. FEI Number

59-3353490

Applied For

Not Applicable

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|------------------------------|
| P | Paul Fritz | 100 Ft. Pickens Rd. Apt. #105 | Pensacola, FL 32561 |
| | | | 800002478988--7 |
| | | | -04/06/98--01004--015 |
| | | | ****900.00 ****900.00 |
| | | | REINSTATEMENT 97-98 |
| | | | A. Alan |
| | | | 3/26/98 |

8. Name and Address of Current Registered Agent

**Steve Gillham
151 Leport Dr.
Pensacola Beach, FL 32561**

9. Name and Address of New Registered Agent

Name
Paul Fritz
Street Address (P.O. Box Number is Not Acceptable)
100 Ft. Pickens Rd.
Suite, Apt. #, Etc.
Apt. # 105
City
Pensacola Beach State **FL** Zip Code **32561**

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

Paul Fritz

REGISTERED AGENT MUST SIGN

Date

3/25/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Paul Fritz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Paul Fritz

3/25/98
Date

850-455-8000
Daytime Phone #

CR2500 (1/96)