

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.	4. Date Incorporated or Qualified To Do Business in Florida 1/10/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3353490
City & State Pensacola, FL	City & State Pensacola, FL	Applied For <input type="checkbox"/> Not Applicable
Zip 32507	Country Escambia	Zip 32507
	Country Escambia	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	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 <i>A. Alan</i> <i>3/26/98</i>

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 #

CR2E3AD (1/98)