

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000046747**

1. Corporation Name

C-MAC PACKAGING SYSTEMS, INC.

Principal Place of Business

1601 HILL AVE.
WEST PALM BEACH FL 33407

Mailing Address

1601 HILL AVE.
WEST PALM BEACH FL 33407

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

2. New Principal Office Address If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1996

5. FEI Number

65-0679656

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BYK, ANTHONY	1601 HILL AVE.	WEST PALM BEACH FL 33407
DS	AESCHUMAN, ROBERT	847 GIBRALTAR DR BLDG 5	MILPITAS CA 95035
D	LEUNG, JULIO	847 GIBRALTAR DR BLDG 5	MILPITAS CA 95035
P	Frederick Rollinson	1187 Telecom Drive	Creedmoor, NC 27522
VD	Perry Hayes	847 Gibraltar Drive	Milpitas, CA 95035
T/D	Warren Ligan	847 Gibraltar Drive	Milpitas, CA 95035

8. Name and Address of Current Registered Agent

BYK, ANTHONY
1601 HILL AVE.
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.
Suite, Apt. #, Etc
City **Plantation** State **FL** Zip Code **33324**

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. or 617.0505, F.S.

Signature of
Registered Agent

Anthony Byk

REGISTERED AGENT MUST SIGN

Date **12/19/03**

11. 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 taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 118.07(3)(b), 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:

Glenda E. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/03 (40B) 956 7243

Date

Business Phone

7A

FILED
03 DEC 22 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **03**

**ATTACHMENT
TO
APPLICATION FOR REINSTATEMENT**

C-MAC PACKAGING SYSTEMS, INC.

7. Names and Street Addresses of Each Officers and/or Director (cont.)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
S	Michael F. Grady	847 Gibraltar Drive	Milpitas, CA 95035
Asst. S	Nitaya Yamamoto	847 Gibraltar Drive	Milpitas, CA 95035

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

CORPORATION REINSTATEMENT

C-MAC PACKAGING SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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