

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000048781

FILED  
Oct 19, 2006  
Secretary of State

Entity Name: MATRIX PACKAGING OF FLORIDA, INC.

## Current Principal Place of Business:

245 BRITANNIA ROAD EAST  
MISSISSAUGA, ON L4Z 4J3

## New Principal Place of Business:

## Current Mailing Address:

245 BRITANNIA ROAD EAST  
MISSISSAUGA, ON L4Z 4J3

## New Mailing Address:

FEI Number: 65-0669913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILBERSTEIN, DAVID M ESQ.  
720 SOUTH ORANGE AVE.  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID M. SILBERSTEIN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: MALLOCH, GRAEME  
Address: 3431 EDMONDSON CT  
City-St-Zip: SARASOTA, FL 34242

Title: P ( ) Delete  
Name: JUDGE, PUSHMINDER  
Address: 1655 BLTHE RD  
City-St-Zip: MISSISSAUGA, ON L4H 2C3

Title: VP ( ) Delete  
Name: SENFT, RODERICK  
Address: 4310 ROCKRIDGE ROAD  
City-St-Zip: WEST VANCOUVER, BC V7W 1A7

Title: VP ( ) Delete  
Name: ROWNTREE, DAVID  
Address: 1132 HILLSIDE ROAD  
City-St-Zip: WEST VANCOUVER, BC V7T 1C6

Title: VP ( ) Delete  
Name: JOHNSTONE, TREVOR  
Address: 304-545 CLYDE AVENUE  
City-St-Zip: WEST VANCOUVER, BC V7T 1C6

Title: VP ( ) Delete  
Name: SEAMAN, BRADLEY  
Address: 55 SHAWFORD WAY  
City-St-Zip: LAKE FOREST, IL 60045

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MCGEE

CFO

10/19/2006

Electronic Signature of Signing Officer or Director

Date