

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 16 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000062617

1. Corporation Name

VICON PACKAGING, INC

2. Principal Office Address

6881 NW 16TH TERRACE

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

Zip

33309

Country

BROWARD

3. Mailing Office Address

6881 NW 16TH TERRACE

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

Zip

33309

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650696432

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

MARIE VIVIANI

Street Address (P.O. Box Number is Not Acceptable)

6881 NW 16TH TERRACE

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Marie Viviani
REGISTERED AGENT MUST SIGN

Date 01/09/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT D	MARIE VIVIANI	6881 NW 16 TH TERRACE	FT LAUDERDALE, FL 33309

10. 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:

Marie Viviani MARIE VIVIANI

Date

01/07/03

Daytime Phone #

954-917-3500

CR2E081 (9/01)