

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

AND  
FILED

1998 APR -1 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064681(5)

1. Corporation Name

APEX PACKAGING, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable  
3811 UNIVERSITY BLVD. W.

Suite, Apt. #, etc.  
#1

City & State  
JACKSONVILLE, FLORIDA

Zip  
32207

Country  
DUVAL

3. New Mailing Office Address, If Applicable  
3922 DEMERY DRIVE W.

Suite, Apt. #, etc.

City & State  
JACKSONVILLE BEACH, FLORIDA

Zip  
32250

Country  
DUVAL

4. Date Incorporated or Qualified  
To Do Business in Florida  
8-01-96

5. FEI Number

☒ 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
PRES/D	GREGORY GRANT	3922 DEMERY DRIVE W.	JACKSONVILLE BEACH, FL 32250
V/P/D	JOYCE STODDARD	440 MORNING GLORY LANE, N.	JACKSONVILLE, FL 32258

000002478920--8  
04/06/98 01002 023  
\*\*\*\*900.00 \*\*\*900.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

GREGORY GRANT

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

3922 DEMERY DRIVE, W.

Suite, Apt. #, Etc.

City

JACKSONVILLE BEACH

State  
FL

Zip Code  
32250

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

REGISTERED AGENT MUST SIGN

Date 3-26-98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GREGORY GRANT

3-28-98  
Date

904-730-0799  
Daytime Phone #

CR2E040 (1/98)