


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 OCT -4 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000025320

1. Corporation Name

SECURITY PLASTICS HOLDINGS, INC.

2. Principal Office Address

14427 NW 60 AVENUE

3. Mailing Office Address

14427 NW 60 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

Zip

33014

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

03/20/97

5. FEI Number

65-0771266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT 2001**

300004661459--1  
-10/31/01--01069--007  
\*\*\*\*758.75 \*\*\*\*758.75

7. Name and Address of Current Registered Agent

Name

NORMAN H. COHAN

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

14427 NW 60 AVENUE

Suite, Apt. #, Etc.

City

MIAMI LAKES

State  
FL

Zip Code  
33014

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

*Norman H. Cohan*  
REGISTERED AGENT MUST SIGN

Date OCTOBER 2, 2001

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
P	COHAN, NORMAN H.	14427 NW 60 AVENUE	MIAMI LAKES, FL 33014
EVP	GOMEZ, ENIDIO	14427 NW 60 AVENUE	MIAMI LAKES, FL 33014
VFP	WALLER, DAVID	14427 NW 60 AVENUE	MIAMI LAKES, FL 33014
VP	JAMESON, JAMES	14427 NW 60 AVENUE	MIAMI LAKES, FL 33014

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 *Norman H. Cohan* NORMAN H. COHAN, PRESIDENT 10/2/01 305-823-5440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)