

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY 14 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000075919

1. Corporation Name

CFR Packaging, Inc.

2. Principal Office Address

6010 NW First Place

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32607

Country

USA

3. Mailing Office Address

6010 NW First Place

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32607

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/29/97

5. FEI Number

NONE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alex Olcese

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

6010 NW First Place

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32607

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

Alex Olcese

REGISTERED AGENT MUST SIGN

Date 5/11/2001

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
DP	Mark Sims	6010 NW First Place	Gainesville, FL 32607
DT	Daniel Klein	6010 NW First Place	Gainesville, FL 32607
DS	Alex Olcese	6010 NW First Place	Gainesville, FL 32607
D	James G. Calais	6010 NW First Place	Gainesville, FL 32607

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(352) 378-9696

Daytime Phone #