

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -9 PM 1:07

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

800088460008
02/16/07--01003--010 **450.00

DOCUMENT # P97000075919

1. Corporation Name

CFR PACKAGING, INC.

~~W07~~ 5155

REINSTATEMENT 05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

6010 NW FIRST PL

3. Mailing Office Address

6010 NW FIRST PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32607

Country

USA

Zip

32607

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

25 AUG 1997

5. FEI Number

59-3465551

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 PL

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32607

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 22 JAN 07

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	JIM CALAIS	6010 NW FIRST PL	GAINESVILLE, FL 32607
T	BRIAN MCCOWN	6010 NW FIRST PL	GAINESVILLE, FL 32607
VS	ALEX OLCESE	6010 NW FIRST PL	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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 JAN 07

Date

(352) 378-9696

Daytime Phone #