

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000020512

1. Corporation Name

DEAL PLASTICS, INC.

Principal Place of Business

2721 WHIPPOORWIL LANE
VERO BEACH FL 32960

Mailing Address

2721 WHIPPOORWIL LANE
VERO BEACH FL 32960



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

2. New Principal Office Address, If Applicable

1503 W. Camino Del Rio
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1503 W. Camino Del
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1998

City & State

Vero Beach, FL

City & State

Vero Beach, FL

5. FEI Number

Approved For

Applied For

Not Applicable

Zip
32963-2213

Country
United States

Zip
32963-2213

Country
United States

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	DEAL, D S	2721 WHIPPOORWIL LANE	VERO BEACH FL 32960

700003878187-5
-12/14/99--01097--022
***758.75 ***758.75

8. Name and Address of Current Registered Agent

DEAL, D S
2721 WHIPPOORWIL LANE
VERO BEACH FL 32960

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11. 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:

D. SCOTT DEAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/99 (561) 415-0631
Date Daytime Phone #

KE