

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

*Blair*

00 OCT 31 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000009078

1. Corporation Name

FLORIDA PREMIUM PAK, INC.

Principal Place of Business

223 CHERRYWOOD LN  
EDGEWATER FL 32132

*SEE  
NEW*

Mailing Address

223 CHERRYWOOD LN  
EDGEWATER FL 32132



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/29/1999

Suite, Apt. #, etc.

486 N. CAUSEWAY

Suite, Apt. #, etc.

City & State

NEW Smyrna BEACH

City & State

FL

Zip

32169

Country

Zip

Country

5. FEI Number

593583089

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MCGONE, JAMES L	223 CHERRYWOOD LN	EDGEWATER FL 32132
D	ROSS, WAYNE	1925 POINSETTIA DR	DAYTONA BEACH FL 32124
			100003456141--4 -11/07/00--01121--006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

MCGONE, JAMES L  
223 CHERRYWOOD LN.  
EDGEWATER FL 32132

9. Name and Address of New Registered Agent

Name

(SAME)

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

*James L. McGone*  
REGISTERED AGENT MUST SIGN

Date 10-19-00

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:

*James L. McGone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-19-00

Daytime Phone #

904 8464480

RG 2al 2

# Florida Premium Pak, Inc.

486 N Causeway, New Smyrna Beach FL 32169

904-846-4480 ~ fax: 478-1745 ~ e-mail: [fish@ucnsb.net](mailto:fish@ucnsb.net) ~ FLWD. #6635

10/20/00

To: Michelle Milligan  
Division of Corporations  
From: Jim McGone  
Florida Premium Pak, Inc.

Dear Michelle,


Per our conversation of Friday the 20<sup>th</sup>, I am enclosing a check for \$150. together with this letter of explanation. Hope it will suffice.

Florida Premium Pak, Inc., has not yet done business. I have had the name for some time, but finally got around to Articles, etc. just recently. You're first letter of notice to us was never delivered, as you noted in our phone call.

All future Florida Div. Of Corporation paperwork will be filed timely. Please contact me if you have any questions.

Thanks for your help.

Sincerely,

  
Jim McGone  
Florida Premium Pak, Inc.

HEAT SEALED/AIR PACKED SPECIALTY SEAFOOD