

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV -4 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S03106**

1. Corporation Name

**TOTAL PACKAGING SYSTEMS CORPORATION**

Principal Place of Business

6480 US 1 NORTH  
ST AUGUSTINE FL 32086  
US

Mailing Address

1083 A1A BEACH BLVD  
SUITE 253  
ST AUGUSTINE FL 32084  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

**8165 State Road 207**

City & State

**Hastings Florida**

Zip

**32145**

Country

**USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

**8165 State Road 207**

City & State

**Hastings Florida**

Zip

**32145**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/21/1990**

5. FEI Number

**59-0032385**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	CASTLEBERRY, NEIL T.	234 BARRATARIA DR.	ST. AUGUSTINE FL.

**500002000085--2**  
**-11/08/96--01027--014**  
**WWW383.75 WWW383.75**

**JB11-7-96**

8. Name and Address of Current Registered Agent

**CASTLEBERRY, NEIL T.**  
**234 BARRATARIA DRIVE**  
**ST. AUGUSTINE FL 32086**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10-29-96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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)(f), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-29-96**

Date

Daytime Phone #

CR2040 (7/95)