


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED
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APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V13335**

1. Corporation Name

PACKAGING RESEARCH, INC.

96-98AR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**P.O. BOX 3998
BOYNTON BEACH, FLORIDA 33424**

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 1/2/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0312193	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Howard Platt	5703 Mirror Lakes Blvd.	Boynton Beach, Fla. 33437
			300002461343-9
			03/18/98 01111-012
			****\$15.00 ****\$15.00

8. Name and Address of Current Registered Agent

**Christine Platt
5703 Mirror Lakes Blvd.
Boynton Beach, Fla. 33437**

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

Christine Platt

REGISTERED AGENT MUST SIGN

Date **3-12-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ N/R

(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)(b), 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:

Howard M. Platt - HOWARD M. PLATT

3/12/98

561-732-4857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)

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Packaging Research Inc.

P.O. Box 3998 • Boynton Beach, FL 33424-3998 • (561) 732-4857 • Fax (561) 732-3750

March 12, 1998

Attenation: Mr. Slogan

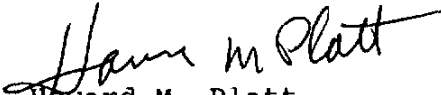
I contacted someone at your office to find out what happened to our payment, dated 4/25/96 check #1158 for \$200.00. I was told the check was unsigned and returned, but we never received the unsigned check. Because of this we did not receive the Profit Corporation annual report for 1997 or 1998.

I was told to send a check in the amount of \$515.00 -1996-\$200.00 1997-\$165.00 and 1998-\$150.00, and the company would be reinstated. Enclosed is our check in the amount of \$515.00 as requested.

In addition I would appreciate it if you could mail me a form to file as a sub chapter "S" Corporation.

Thank you.

Sincerely,


Howard M. Platt

enclosure