

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REMOVED
AND
FILED

03 AUG 21 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V37314

1. Corporation Name

Plycon Packaging, Inc.

2. Principal Office Address

11809 NW 12th Drive

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

Zip

33071

Country

USA

3. Mailing Office Address

11809 NW 12th Drive

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33071

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/19/1992

5. FEI Number

22-3173251

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 96-03

7. Name and Address of Current Registered Agent

Name

David Pliacanis

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

11809 NW 12th Drive

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

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

David Pliacanis

Date

8/15/03

REGISTERED AGENT MUST SIGN

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
Director	David Pliacanis	11809 NW 12th Drive	Coral Springs, FL 33071

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 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:

David Pliacanis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/15/03

Daytime Phone #

CR2E081 (10/02)