

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 DEC 21 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V42058**

1. Corporation Name

Natural Products Packaging Corporation

Principal Place of Business

Mailing Address

c/o Norman Leben
Dalessio, Millner & Leben
245 Fifth Avenue, Suite 1502
New York, NY 10016

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

6/8/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Sec.	Norman Leben	254 Fifth Avenue	New York, NY 10016
Pres.	Tina Sohn	135 Kaimanu Place	Mauai, Hawaii 96753

REINSTATEMENT

98

12-21-98

500002717235-7

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System
c/o CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

Zip Code

FL

32301

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

By: Bonnie H. Yerry, Assistant Secretary

Date

12/18/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN LEVEN

12/18/98

Date

VIV-842-0909

Daytime Phone #

CR2E040 (1/78)



ACCOUNT NO. : 072100000032

REFERENCE : 071430 4323900

AUTHORIZATION :

Petricia P. P.

COST LIMIT : \$ 750.00

ORDER DATE : December 18, 1998

ORDER TIME : 9:34 AM

ORDER NO. : 071430-005

CUSTOMER NO: 4323900

CUSTOMER: Melissa Forgas, Legal Asst
Rivkin, Radler & Kremer
Eab Plaza - West Plaza 10th Fl

Uniondale, NY 11556

DOMESTIC FILINGS

NAME: NATURAL PRODUCTS PACKAGING
CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Lamm

EXAMINER'S INITIALS

RECEIVED
98 DEC 21 AM 10:40
DIVISION OF CORPORATION