

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

00 DEC 27 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V54369

1. Corporation Name
Pro-Tec Containers, Inc.

2. Principal Office Address
380 Stevens Avenue

3. Mailing Office Address
380 Stevens Avenue

Suite, Apt. #, etc.
Suite 212

Suite, Apt. #, etc.
Suite 212

City & State
Solana Beach, CA

City & State
Solana Beach, CA

Zip Country
92075 USA

Zip Country
92075 USA

REINSTATEMENT 99-00

4. Date incorporated or Qualified To Do Business in Florida

5. FEI Number
330006637

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
C T Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.
City
Plantation
State
FL
Zip Code
33324

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
C T Corporation System
Candice Maerz
REGISTERED AGENT MUST SIGN Asst. Secy.
Date Dec. 26, 2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P/D, Randall J. McDonald, 40 First Plaza NW, Suite 735N, Albuquerque, New Mexico.

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: Randall J. McDonald, President
Date: 12/26/00
Daytime Phone #: (505) 243-3000