

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

92075

Country

USA

Zip

92075

Country

USA

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

Date Dec. 26, 2000

Candice Maerz REGISTERED AGENT MUST SIGN Asst. Secy.

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
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

 Signature and Typed or Printed Name of Signing Officer or Director

12/26/00

Date

(505) 243-3000

Daytime Phone #