

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 NOV -2 AM 9:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 -11/09/99--01041--021
 ***1358.75 ***1358.75

REINSTATEMENT 95.9C

DOCUMENT # **LS1087**
 1. Corporation Name
A & G Plastic Technologies, Inc.
 W99 - 24076

Principal Place of Business Mailing Address
8040 N.W. 103 St, #51 **Same**
Hialeah Gardens, FL 33016

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	
State, Apt. #, etc.		State, Apt. #, etc.		1990	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0202280	
Country		Country		Applied For	
				Not Applicable	
				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
P	Juan M. Gomez	8040 N.W. 103 St, #51	Hialeah Gardens, FL 33016
S	Nancy Gomez	8040 N.W. 103 St, #51	Hialeah Gardens, FL 33016

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name Juan M. Gomez
	Street Address (P.O. Box Number is Not Acceptable) 8040 N.W. 103 St, #51
	Suite, Apt. #, Etc.
	City Hialeah Gardens State FL Zip Code 33016

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 *[Signature]* Date **Sept. 30 1999**
 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 of this application 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **Sept. 30 1999** Daytime Phone # **1202-582-9199**

CFR2040 (1/98)