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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

1062

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS

FILED

98 FEB 13 AM 8:46

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # V09525

PR0038702 UNITED PAPER, CORP. 600 NE 36 ST #2014 MIAMI FL 33137

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

SECRETARY OF STATE TALLAHASSEE, FLORIDA 9600 N.W. 25th STREET #30 MIAMI FLORIDA 33172

3. If Principle Office Address is different from mailing address, enter address below:

600 NE 36 ST 600 NE 36 ST MIAMI FL 33137

4. Date Incorporated or Qualified To Do Business in Florida

1/24/1992

5. FEI Number

65-0318546

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED [X]

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address (Do NOT Use Post Office Box), City and State. Includes entries for VILLACRECES, MANUEL; SEGOVIA, JOSE; EUCARIS, SCOTT; TORRES, JUAN CARLOS; SCOTT, SONIA.

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

VILLACRECES, MANUEL 600 NE 36 ST #2014 MIAMI FL 33137

9. If changed, new registered agent / office

Name Street Address (Do NOT Use P.O. Box Number) Street Address (Do NOT Use P.O. Box Number) City State Zip

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

REGISTERED AGENT MUST SIGN

Date 2-5-98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [] (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid.

Signature of Officer or Director

Date 2-5-98

Daytime Phone # (305) 716 0094

Typed or printed name of signing officer or director

MANUEL VILLACRECES

CR22040 (8-92)

20/2

VILLACRECES, JOSE M. 600 NE 36 ST # 2014 MIAMI FL. 33137

SEGOVIA, JOSÉ 600 NE 36 ST # 2014 MIAMI FL. 33137