


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000053728		
1. Entity Name AIC ACQUISITION CORP.		

Principal Place of Business 9330 N.W. 110TH AVE. MIAMI, FL 33178	Mailing Address 9330 N.W. 110TH AVE. MIAMI, FL 33178
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

LINDA CARROLL, CARROLL & ASSOC 1260 SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST THIRD AVE MIAMI, FL 33131
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FILED
05 OCT 13 PM 12:09
04/29/05 90326 046 158.75


4. FEI Number 65-0600597	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, FAUSTO G 10000 S.W. 30TH ST. MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	10/10/05 (205) 887-0797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #



American International Containers, Inc.

Miami, October 7, 2005

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Att.: Ms Michelle Milligan

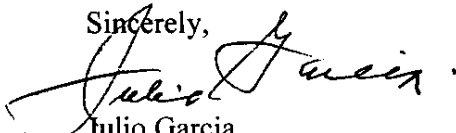
Dear Ms Milligan:

We are enclosing the reinstatement form for AIC Acquisition Corporation, Document No. P95000053728 signed by the office mentioned in it.

According to our conversation over the telephone, the payment for AIC Corporation renewal was applied to Standard Packaging Co. so, we have now an excess payment of \$158.75 in that company which we would like to apply to pay for the reinstatement of AIC Acquisition Corporation.

Thanking you in advance for your cooperation in this matter, we remain

Sincerely,


Julio Garcia
Accountant

JG/hs

Enclosures