

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 663028**

**1. Corporation Name**

MIAMI CRATING INTERNATIONAL, INC.

**2. Principal Office Address**

2200 NW 110 AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33172

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/13/1979

**5. FEI Number**

591954292

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

EUGENIO NAVARRO

Street Address (P.O. Box Number is Not Acceptable)

2200 NW 110 AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33172

**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

*Eugenio Navarro*

Date

10/12/01

REGISTERED AGENT MUST SIGN

**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
VPT	EUGENIO NAVARRO	2200 NW 110 AVE.	MIAMI, FL 33172

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Miami Crating International, Inc.  
2200 NW 110<sup>th</sup> Avenue  
Miami, Florida 33172

October 7, 2005

Department of State  
Division of Corporations  
Amendment to Articles of Incorporation  
409 East Gaines St.  
Tallahassee, Florida 32399

Document #: 663028


To whom it may concern:

I would like to ask for a waiver of my reinstatement fee. We did not receive our 2005 annual report in the mail, and therefore did not file. We apologize for the inconvenience and hope that you will understand that we did not intentionally disregard our responsibility to file.

Attached please find a submission of reinstatement for Miami Crating International Inc., and a check in the amount of \$150.00 for 1 year of absent filing.

If you have any questions, please contact me at the above address above.

Thank you in advance,

  
Eugenio Navarro,  
President