

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 25 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F82986**

1. Corporation Name

PAC N SEND INC.

2. Principal Office Address

1405 N SATURN Ave

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

33755

Country

Pinellas

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL

Zip

33755

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

59 220 4865

5. FEI Number

6202 08982591

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

LLOYD E. HARVEY

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

1405 N SATURN Ave

Suite, Apt. #, Etc.

City

Clearwater

8000003172098-3

-03/16/00-01025-006

*****150.00 ***150.00**

8000003172098-3

-03/16/00-01025-007

*****150.00 ***150.00**

State: **FL** Zip: **33755**

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

LE Harvey

REGISTERED AGENT MUST SIGN

Date

1-18-00

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
PRES.	LLOYD E. Harvey	1405 N SATURN Ave	Clearwater, FL 33755
VICE PRES.	GAIL Y. Harvey	1405 N SATURN Ave	Clearwater, FL 33755
VICE PRES.	MARIC L Harvey	1600 Palmetto Wood Ave	Clearwater, FL 33756

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:

LE Harvey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-18-00

Daytime Phone #

727-442-9800

CR2E081 (9/99)