

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G 19253

1. Corporation Name

PACK AND SHIP INC

Principal Place of Business

1535 KATHRYN DR
LONGWOOD, FL 32750

Mailing Address

PACK AND SHIP
1535 KATHRYN DR
LONGWOOD, FL 32750

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

Suite, Apt. #, etc.

1535 KATHRYN DR
LONGWOOD, FL

Suite, Apt. #, etc.

1535 KATHRYN DR
LONGWOOD, FL

Zip

Country

Zip

Country

32750

USA

32750

USA

FILED

98 JAN 18 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 91-98

4. Date Incorporated or Qualified
To Do Business in Florida

1-12-1983

5. FEI Number

59-2256746

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DIR	MELANIE SPIVEY	1535 KATHRYN DR.	LONGWOOD FL 32750
P	" "	" "	" "
VP	MICHAEL MONZADEN	1535 KATHRYN DR	LONGWOOD, FL 32750

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-02/20/98--01099--001
****908.75
2-19-98

8. Name and Address of Current Registered Agent

MELANIE D. SPIVEY
1535 KATHRYN DR
LONGWOOD, FL 32750

9. Name and Address of New Registered Agent

Name SAME

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Melanie D. Spivey

REGISTERED AGENT MUST SIGN

Date 1-29-98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
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:

Melanie D. Spivey

MELANIE D SPIVEY 1-29-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407.260.1707

CR2040 (12/96)