

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 21 AM 8:42

DOCUMENT # M42071

1. Corporation Name
ALPACK, CORP.

Principal Place of Business Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 12928 SW 132 CT. Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 12928 SW 132 CT. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 11/21/1986
City & State MIAMI, FL	City & State MIAMI, FL	5. FEI Number 59-2756992
Zip 33186	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PS	MARTINEZ, JUAN	15601 SW 137 AVE. APT#35	MIAMI, FL 33177

8. Name and Address of Current Registered Agent MARTINEZ, JUAN 15601 SW 137 AVE. APT# 35 MIAMI, FL 33177	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
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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 Juan Martinez Date _____

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(j), 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: Juan Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

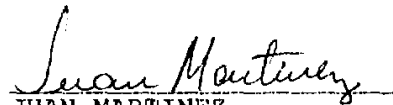
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir/Ms:

Per instructions from de Division Of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with the corporation **ALPACK, CORP.**

Thank you for your courtesy in this matter.


JUAN MARTINEZ
PRESIDENT