PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCU	ME	NΤ	ħ
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1. Corporation Name

M84953

GEB PALLETS INC.

SECRETARY OF STATE

			*				E. FLORIDA	
1741 NORTH KENNE HOAD-CLEARWATER, FL 34615 1741 NORTH P O BOX 6422 P O BOX 6		Mailing Address 1741 NORTH KE P O BOX 6422 CLEARWATER F	NENNE ROAD-CLEARWATER, FL 34615					
If above a	If above addresses are incorrect in any way, line through incorrect information and enter correction below.				REINSTATEMENT 1			
2 New Prir	New Principal Office Address, If Applicable Rd 1101 STARKKY, Rd wite, Apt. #, etc. STARKKY		3. New Mailing Office Address, If Applicable Suits Apt. #, etc.		Date Incorporated or Qualified To Do Business in Florida 06/10/1988			
Suite, Apt. #					5. FEI Number		Applied For	
State & State کی الکاری	to the	City & State	1 346	18	6.	59-2902118	Not Applicabl	
346	41 Pinhthas.	Zip	Country	LL AS.			.75 Additional Fee requir for a Certificate of Status	
'. Names a	and Street Addresses of Each Officer and	or Director (Florida			· · · · · · · · · · · · · · · · · · ·		***************************************	
Trtle(s)	Name of Officers and/or Directors 2	з	Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box			City / State / Zip		
Р			4500 EAST BAY			CLEARWATER FL		
						10 000000		
						-01/09/97 *****375.00	01019024	
				,		JBI	4-97	
	8. Name and Address of Current f	Registered Agent		Name	9. Name and A	Address of New Registered	Agent	
	ELY, GEORGE E.			Street Address (F	P.O. Box Number	is Not Acceptable)		
	EAST BAY EA-110			Suite, Apt. #, Etc	· · · · · · · · · · · · · · · · · · ·			
CLEARWATER FL 34824			City	······································	State	e Zip Code		
0 Lheino	appointed the registered agent of the abo	ve named cornorati	on am familiar wi		hligations of Sacti	FL		
Signature o Registered	The state of the s	Bloku GISTERED AGEN	G OST SIGN	1			1.96	
11. Do De	pes this corporation pay a ppt. of Revenue under S.	iny intangib 199.032, FI	le tax to th orida Statu	e utes. Yes	🔀 No 🗆		de for information ngible tax.)	
this rein owed by	that I am an officer or director or the receivistatement application, the reason for dissoly the corporation have been paid and the rapplication is true and accurate, and my sig	ilution has been elin names of individuals	ninated, the corpo s listed on this forr	rate name satisfies n do not qualify for	the requirements an exemption un-	of section 607,0401 or 617.0	0401, F.S., that all fees	
	A	1	,		**			

SIGNATURE AND TYPED OR PHINTED NAME OF HIGHING OFFICER OR DIRECTOR

12.31.96 Dale

813 · 532 · 472 0

Daytime Phone #

FILED

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