

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04000008784**

1. Corporation Name

U-PANGS, INC.

2. Principal Office Address - No P.O. Box #

553 LONG LAKE DR

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip

32506

Country

USA

3. Mailing Office Address

553 LONG LAKE DR

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip

32506

Country

USA

7. Name and Address of Current Registered Agent

Name

BENIGNO Q QUINTO

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

553 LONG LAKE DR

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32506

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

REGISTERED AGENT MUST SIGN

Date

3/10/10

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
PRESIDENT	BEN Q QUINTO	553 LONG LAKE DR	PENSACOLA, FL 32506
VICE-PRESIDENT	ALEX CARAMBAS	969 LAKE AIRE DR	PENSACOLA, FL 32506
SECRETARY	MILA SAPIERA	8120 POND VALLEY DR	PENSACOLA, FL 32506
TEASURER	GILDA HAYAG	5670 KEYSTONE RD	PENSACOLA, FL 32504
AUDITOR	ALICE CHASTAIN	42 FAISON ST	PENSACOLA, FL 32505
ADVISERS	PETE SAPIERA, ROLLIE BERNAS	8120 POND VALLEY DR	PENSACOLA, FL 32506

10. E-mail Address: **quintob@bellsouth.net**

(To be used for future annual report notification)

11. 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. I further certify, 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

BEN Q. QUINTO

Date

3/10/10

Daytime Phone #

(850) 455-1657

FILED

10 MAR 15 AM 8:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT

700172224187
03/15/10--01062--015 **253.75

CR2E081 (11/09)

BH

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

342 001037

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.